

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
 LAW ENFORCEMENT DIVISION
 P.O. BOX 98000
 BATON ROUGE, LA 70898-9000



VESSEL REGISTRATION # _____

Rev. 09/10

OPERATOR BOATING INCIDENT REPORT

PAGE 1 of _____

Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR				NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator			
LAST :		STREET 1 :		LAST :		STREET 1 :	
FIRST :		STREET 2 :		FIRST :		STREET 2 :	
MI :		CITY :		MI :		CITY :	
PHONE NO : ()		STATE/ZIP :		PHONE NO : ()		STATE/ZIP :	
OPERATOR AGE AND DATE OF BIRTH yrs. / /				RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD	
OPERATOR'S EXPERIENCE				FORMAL INSTRUCTION IN BOATING SAFETY			
THIS TYPE OF BOAT <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> Over 500 <input type="checkbox"/> None OTHER BOAT OPERATING EXP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> American Red Cross <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other			
BOAT REGIST. NO.		BOAT NAME		MANUFACTURER		BOAT MODEL	
						MFR. HULL IDENTIFICATION NO.	
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION	
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Water Craft <input type="checkbox"/> Airboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Other		<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other		<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet-drive <input type="checkbox"/> Air thrust <input type="checkbox"/> Other TYPE OF FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Other <input type="checkbox"/> Diesel		No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____	
						CONSTRUCTION Length ft Width ft Year Built Depth ft STEERING <input type="checkbox"/> Remote <input type="checkbox"/> Other <input type="checkbox"/> Hand tiller	
						HAS BOAT HAD A SAFETY EXAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other	

INCIDENT DATA

DATE OF INCIDENT		DAY OF WEEK		TIME OF INCIDENT		NAME OF BODY OF WATER		LOCATION (give precisely) Lat: Long:	
STATE LOUISIANA		NEAREST CITY OR TOWN				PARISH		PARISH CODE	
WEATHER (check all applicable)		WATER CONDITIONS		TEMPERATURE		WIND		VISIBILITY	
<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		<input type="checkbox"/> Calm (less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current		Air _____ deg F Water _____ deg F DEPTH _____ ft		<input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
TIME OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		PERSONAL FLOTATION DEVICES (PFD'S)				IGNITION AND THROTTLE		FIRE EXTINGUISHERS	
Was the boat adequately equipped with USCG APPROVED personal floatation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? <input type="checkbox"/> Type I (#) _____ <input type="checkbox"/> Type II (#) _____ <input type="checkbox"/> Type III (#) _____ <input type="checkbox"/> Type IV (#) _____ <input type="checkbox"/> Type V (#) _____		Were PFDs properly: Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the vessel carrying NON-APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind:		Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Engine equipped with Kill Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No Kill switch used? <input type="checkbox"/> Yes <input type="checkbox"/> No Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Unknown		WERE THEY USED? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types:	

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INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT <i>(Check all applicable)</i> <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other	TYPE OF INCIDENT <i>(Number by order of occurrence)</i> _____ Grounding _____ Capsizing _____ Flooding _____ Sinking _____ Fire or Explosion (fuel) _____ Fire or Explosion (other than fuel) _____ Skier Mishap _____ Struck submerged object _____ Collision with Vessel _____ Collision with Fixed Object _____ Collision with Floating Object _____ Falls overboard _____ Falls in Boat _____ Hit By Boat or Propeller _____ Other _____ _____ Unknown	WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? <i>(Number by order of importance; primary-1, secondary-2, tertiary-3)</i> _____ Weather _____ Excessive Speed _____ No Proper Lookout _____ Restricted Vision _____ Overloading _____ Improper Loading _____ Hazardous Waters _____ Alcohol use _____ Sharp Turn _____ Rules of the Road Specify #(s) _____ _____ Improper Anchoring _____ Force of Wake/Wave _____ Starting in Gear _____ Ignition Spilled Fuel/Vapor _____ Missing/Inadequate ATONS _____ Unknown _____ Drug use _____ Fault of Hull _____ Fault of Machinery _____ Fault of Equipment _____ Operator Inexperience _____ Operator Inattention _____ Passenger/Skier Behavior _____ Congested Waters _____ Dam/Lock _____ Standing/Sitting on Gunwales, bows, & transom _____ Failure to Vent _____ Off Throttle Steering Loss _____ Careless/Reckless Operation _____ Improper/No Running Lights _____ Other _____
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INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? Yes No Insurance Agency _____ Policy Number _____

ESTIMATED AMOUNT OF DAMAGE This Boat \$ _____ Other Property \$ _____	DESCRIPTION OF DAMAGE TO THIS VESSEL _____ _____ _____
DESCRIPTION OF OTHER PROPERTY DAMAGED _____ _____	NAME/ADDRESS OF OWNER _____ _____ PHONE # ()

PASSENGERS

NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					



OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ()		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ()
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

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DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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COMMENTS:
