WATER VESSEL PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

20110701

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WATER VESSEL PROGRAM
Cites referencing Water Vessel
LAC Title 37

Introduction

The Water Vessel Safety Program is part of the overall Loss Prevention program, as required by R.S. 39:1543. Its purpose is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or operate state-owned/leased/hired water vessels in the scope of their employment as required by LAC Title 37.

The following materials are included to assist administrators, supervisors, loss prevention coordinators and/or representatives, and Agency designees in managing and implementing proper vessel operation by state employees. Definitions and forms are included and described in the appendix.

Components of Louisiana's Water Vessel Program

1. Agency Safety Policies and Procedures:

   A) **Responsibilities** Each Agency owning/operating a water vessel is responsible for implementing a Water Vessel Program. The program shall include rules concerning who shall be permitted to operate vessels under the Agency's control. Policies shall outline the roles and responsibilities of Department/Agency heads, or program designee, and employees in water vessel safety. These policies shall be issued to all applicable employees and form the basis for an Agency's Water Vessel Program.

   Upon request, the Loss Prevention Officer shall provide guidance and direction to Agencies in the development of effective water vessel safety policies.

   Department/Agency Heads or Designees

   Department/Agency Heads are responsible for implementation of the Water Vessel Program and shall stress the importance of the Department's Water Vessel Program to all affected employees. Department/Agency heads or their designees are responsible for reviewing operator records and identifying employees (e.g., via an annually signed and dated list) who shall be authorized to operate state vessels.

   Department/Agency Heads should ensure that **only** state-owned/leased/hired vessels are used on state business.

   Water Vessel Coordinators or Designee

   These individuals plan, organize, direct, and control the Water Vessel Program for the Agency, ensuring that:

   - Policies and procedures are established and implemented
   - Training courses are conducted and documented
   - Official Driving Records (ODRs) from the Office of Motor Vehicles and Water Operator Records (WORs) from the Louisiana Department of Wildlife and Fisheries (LDWF) are requested and reviewed annually and maintained*

- Authorization/Operating History Forms (DA 2066) are signed and dated by the Agency head/designee annually
- "BoatUS" (see appendix) (or other National Association of State Boating Law Administrators [NASBLA]-approved) course and/or ORM refresher course (see appendix) statuses are reviewed annually
- All accidents are reported
- Employees meet all the requirements to be authorized to operate a water vessel

* Drivers license suspensions and/or reckless operation convictions for automobile use now apply to a person's water vessel operating record.

Specifically, R.S. 32:667 B (5) states that if you driver license is suspended or revoked, your privileges to operate a watercraft upon waterways of the state are suspended or revoked as well. R.S. 14.99 defines reckless operation of a vehicle to include: motor vehicle, aircraft, vessel, or other means of conveyance in a criminally negligent or reckless manner.

Therefore, Agencies must check these areas of the ODR to determine if an employee is considered high risk as it pertains to suspension or reckless operation as such information will not appear on records received from the La. Department of Wildlife and Fisheries (LDWF).

Water Vessel Operators' Supervisors:

- shall provide time for each employee that needs to be authorized to operate a water vessel to attend the "BoatUS" (or other NASBLA-approved) course and/or refresher course
- shall ensure that all vessels and vessels' accessories provided to water vessel operators fit for their intended purpose
- shall ensure that all water vessel policies and procedures are followed
- shall submit reports within the required time frame
- shall allow only authorized employees to operate water vessels on state business
- shall assist in conducting accident investigations

Employees

Only employees authorized by their Agency head (or designee) to operate a state-owned/leased/hired water vessel shall operate state-owned/leased/hired water vessels for state business. Employees shall only operate the type of water vessel for which they are authorized, licensed, and insured. Employees who are authorized to operate such vessels shall be responsible for the safe operation of those vessels. Operators shall report any unsafe condition, accident, or citation received involving a state-owned/leased/hired water vessel to their supervisor or designee for mitigation.

B) **Authorization Process** –The authorization process shall include:

- A review of the employee's or prospective employee's ODR from the Office of Motor Vehicles and his/her WOR obtained from the LDWF
- Verifying completion of a "BoatUS" (see appendix) (or other NASBLA-approved) course and/or refresher course (see appendix) training course
- Determining when operator responsibility shall be taken away from an employee because of reckless operation of a vessel or being cited for boating violations

* Drivers license suspensions and/or reckless operation convictions for automobile use now apply to a person's water vessel operating record.

Procedures for Enrolling Operators

Upon recognizing the need for an employee to operate a state-owned/leased/hired vessel by their supervisor, the employee shall complete the Authorization History Form (DA 2066). The information on this form shall be used to acquire the Water Operator Record (from the Department of Wildlife and Fisheries). The Authorization History Form and the WOR is then submitted to the Agency head or designee who shall review the operator record and sign the Authorization History Form. When employees are authorized to operate water vessels, they shall be enrolled in the "BoatUS" course (or other NASBLA-approved course) or the refresher course. A copy of the certificate of completion shall be retained on file.

It is the responsibility of the individual Agency to retain any/all records pertaining to the Water Vessel program (with the exception of records for the BoatUS Course) as the Department of Wildlife and Fisheries will NOT maintain such.

High Risk Operators

High Risk operators are those individuals:

- Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations, or having a single conviction, guilty plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

Individuals designated to be High Risk operators shall be notified in writing that they are not authorized to operate state-owned/leased/hired water vessels from the date of discovery for a minimum of twelve (12) months and that they shall be required to retake the initial "BoatUS" (or other NASBLA-approved) course within ninety (90) days of discovery.

The High Risk Operator's immediate supervisor and the individual in charge of water vessels shall also be notified in writing that the unauthorized employee shall not be given authority or access to operate a vessel on state business.

C) **Preventive Maintenance** – The appropriate Agency designee shall ensure that preventive maintenance is performed on all required engines/motors/vessels and that documented corrective actions are taken within the applicable time frame.

A system of preventive maintenance shall be developed and implemented for all vessels of any size.

Vessel Inspections and Repairs

A monthly inspection shall be performed on all powered/non-powered vessels, regardless of size, and corrective actions for all deficiencies found shall be performed and documented. Items to be inspected shall include, but are not limited to:

- Fire Extinguishers
- Signaling Devices (e.g., air horn)
- Damage to the Vessel
- Lighting
- Personal Flotation Devices
- Flares
- Communication Devices (e.g., radio)
- Trailers

Additionally, for all vessels twenty-six (26) feet or longer, the appropriate Coast Guard inspections shall be conducted as required and all corrective actions performed and documented.

D) **Training** – Upon request, the Office of Risk Management Loss Prevention Unit shall assist each Agency in implementing water vessel safety training programs that address the needs of the Agency by assisting Agencies in identifying training aids and resources that may be used for water vessel safety.

Upon request, LDWF will provide train-the-trainer courses for state Agencies.

The following requirements shall be met:

Employees

a. who will be authorized to operate a state-owned/leased/hired water vessel shall be required to obtain/maintain certification by taking either the “BoatUS” (or other NASBLA-certified) water vessel training course or the refresher course (as appropriate) taught by the Louisiana Department of Wildlife and Fisheries (LDWF) prior to operating a vessel. LDWF shall regulate the instructor designations for this program and provide train-the-trainer courses for state Agencies.

b. shall attend the appropriate, required training within the first ninety (90) days of hire (or upon entering the program) and at least once every three years thereafter.

c. who have convictions or negligence on their boating records shall be required to retake the “BoatUS” (or other NASBLA-certified) course within ninety (90) days of discovery of a conviction.

E) **Claims Reporting/ Accident Investigation**

Upon request, the Office of Risk Management's Loss Prevention Unit shall assist the Agency in accident analysis and in establishing preventive procedures.

Accident Reporting-General

A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other water vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, results in injury or loss of life to any person, or results in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion and the disappearance of a water vessel other than by theft.

1. All accidents shall be reported to the next level of supervision by the water vessel operator having the accident on the day of the accident or as soon thereafter as possible in the appropriate format (See requirements below by water vessel size).
   As provided for in R.S. 34:851.10, all accidents involving a vessel and resulting in death or injury to a person must be reported to DWLF within 48 hours and those with property damage in excess of $500 must be reported within 5 days to: 1-800-442-2511. A wildlife agent will respond to investigate the accident.

2. The supervisor of the individual having the accident shall review the accident report within two working days of the accident and verify the completeness of the report. Incomplete reports shall be returned for missing information. It may be necessary for the supervisor to aid the individual in completing the report.

3. When investigating accidents, the supervisor shall request assistance, when appropriate, from the Agency Water Vessel coordinator or Agency designee or the assigned Loss Prevention Officer. (The supervisor shall send the appropriate accident report forms to: the Third Party Administrator [TPA], LDWF, and/or U.S. Coast Guard immediately.)

   For any non-commercial vessel involved in an accident in <u>any</u> waters, a Louisiana Department of Wildlife and Fisheries (LDWF) Boating Accident/Investigation Report (DWF-BIR-010-OP – See appendix) shall be completed for each accident and submitted to LDWF.

   If the accident(s) occurred in a commercial vessel on navigable waters, a Report of Marine Accident, Injury, or Death form (CG-2692) shall be completed for each and submitted to the U.S. Coast Guard.

   Upon request, the DWLF will assist in the investigation of any incident/accident.

4. After gathering all available information about the accident, the supervisor of the individual having the accident shall attempt to make a determination of whether the accident was preventable. The supervisor shall consider what corrective action(s) is appropriate, which may include: temporary suspension of operating privileges, special training, physical examination, etc., and make a recommendation to the Agency head. The report and any recommendations shall then be forwarded to the Agency head, or their designee, for review. The Agency head shall review the accident report, the Authorization/Operating History Form (DA 2066), and the Water Operator Record (WOR). The need for corrective disciplinary action may be considered for each accident where there was improper use of a vessel.

5. Agencies shall forward a copy of the Authorization/Operating History Form (DA 2066) and Water Operator vessel Record to the TPA. This shall be completed within the time required by the type of claim being filed.

<u>For vessels 26 feet in length or longer:</u>

A. The State of Louisiana provides insurance for liability and hull damage.

B. All claims involving vessels equal to or in excess of 26 feet shall be reported in writing to the Office of Risk Management Transportation Claims Unit supervisor P. O. Box 91106, Baton Rouge, LA 70821-9106. All non-employee bodily injury and non-state-owned property claims shall be reported by telephone to the Office of Risk Management's Transportation Unit (225) 219-0168.

C. Complete a copy of the Louisiana Boating Accident Report that includes the following:

(This information shall be submitted when a claim is reported.)

- Complete description of vessel including hull identification and Coast Guard certificate number
- Name of captain or master and passengers
- Exact location of incident
- Date and time of incident
- If applicable, names and addresses of third parties involved (if known)
- Description of damages
- Names of persons who can assist in investigation
- Circumstances surrounding and/or cause of accident

D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state Agency shall be forwarded immediately to the Office of Risk Management's Transportation Unit supervisor for further handling.

E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.

F. If a loss occurs or a claim arises, the Agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.

For vessels under 26 feet in length:

The State of Louisiana provides insurance coverage for bodily injury and property damage. An Agency shall report the claim to the TPA when an employee is injured.

A. Property and/or General Liability claims shall be submitted in writing to the Office of Risk Management's claims unit, P. O. Box 91106, Baton Rouge, LA 70821-9106. A completed copy of the accident report, Authorization/Operating History Form (DA 2066) and WOR shall be submitted with a claim.

B. If a loss is serious in nature, it is to be reported by telephone to the Office of Risk Management for review to determine if coverage is applicable.

C. Claims made against a state Agency by a third party shall be submitted to the Office of Risk Management for review to determine if coverage is applicable.

D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state Agency shall be forwarded immediately to the Office of Risk Management's Claims Unit for further handling.

E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.

F. If a loss occurs or a claim arises, the Agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.

2. Safety Audits and Record Keeping:

Upon request, the TPA shall assist Agencies in reviewing and analyzing their water vessel policies and procedures to determine if the Agency's program is in compliance. Data concerning the number, type, frequency, and loss amount of claims shall be provided to the Agency. This data is useful in identifying where losses are occurring and how losses may be controlled.

Water Vessel Safety Program records shall be maintained at the Agency location and/or a central location designated by the Agency head/designee for review until at least the next audit or compliance review.
Specifically:

- WORs, ODRs, High-risk driver documentation (e.g., re-training records, letters), vehicle inspection forms, preventive maintenance records – maintain for 1 year
- Operator training (initial, refresher) documentation – maintain for 3 years
- DA2066 forms – maintain indefinitely or until form information is updated

It is the responsibility of the individual Agency to retain any/all records pertaining to the Water Vessel program. However, records pertaining to the BoatUS course will be maintained by the Department of Wildlife and Fisheries.

GLOSSARY

Authorization/Operator History Form (DA 2066): This form shall be maintained by the Agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

Boating Accident- A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, in injury or loss of life to any person, or in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion, and the disappearance of a water vessel other than by theft.

BoatUS (or other NASBLA-approved) Course - This is a mandatory initial course and certification for all Louisiana citizens who operate a watercraft under the jurisdiction of LDWF and whose birth year is 1984 or later. It is also required within ninety (90) days of discovery for any employee deemed "high-risk" by the Agency. The new online course is approved by LDWF and the National Association of State Boating Law Administrators (NASBLA) and allows Louisiana boaters to get their safe boating certification at no cost in the comfort of their own home. The course can be found at www.laorm.com/lp_boater.html or www.wlf.louisiana.gov/boating/courses.

Capsizing- When a vessel overturns and the bottom becomes uppermost, except in the case of a sailboat. If a sailboat overturns, it will normally lay on its side.

Careless Operation- Operation of any watercraft in a careless or heedless manner so as to be grossly indifferent to the person or property of other persons or at a rate of speed greater than will permit exercise of reasonable care to bring the watercraft to a stop within the assured clear distance ahead.

Commercial Vessel – Any vessel engaged in commercial trade or that carries passengers for hire.

Flooding- Filling with water, regardless of method of ingress, but retaining sufficient buoyancy to remain upon the surface.

High Risk Operator- High Risk operators are those individuals having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations or individuals having a single conviction, guilty, plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

Navigable Water – A body of water deep and wide enough for a vessel to pass without obstructions.

Negligent Homicide- Operation of any watercraft at an immoderate rate of speed or in a careless or negligent manner causing the death of another.

Refresher Course – This is a mandatory course for all employees once every three years after having taken the initial boating course. It is offered free of charge on-line at: http://riskmgmtboatcourse.wlf.louisiana.gov.

Reckless Operation- Operation of any watercraft in such a manner as to endanger the life, limb or damage the property of any person.

State-owned/leased/hired Vessel- Any water vessel owned, leased, and/or rented by the State of Louisiana.

Water Operator Record (WOR)- Record containing history of boating violations and accidents maintained by the Department of Wildlife and Fisheries (Enforcement Division) on each operator in the State of Louisiana.

Water Vessel- Every type of watercraft, other than a seaplane, on the water used or capable of being used as a means of transportation. Private vessels commandeered in an emergency situation will be included in the definition of a water vessel.

APPENDIX

Authorization/Operator History Form (DA 2066): This form shall be maintained by the Agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

Boating Accident Form (DWF-BIR-010OP): This form shall be completed on an accident involving a state vessel.

Report of Marine Accident, Injury, or Death (CG-2692) and instructions

VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information shall be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name:_____ Employed by:_____

Address:_____ (Department, Board, Commission)

_____ Zip_____ Assigned to:_____

(Agency, District, Office)

Operator License No.:_____ Job Title:_____

Expiration Date:_____ Immediate Supervisor's Name:_____

Date of Birth:_____ Operator's Phone Number:_____

Issue Date:_____ Is the Primary purpose to operate vessels? Yes___No___

Is a Current Operator Record attached:____ Has it been verified as accurate?____

****

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSEL:	No motor, Pirogue skiff Raff bateau	Motorboat Class A-1-2-3	Airboat Push	Tug	Ferry Marsh Buggy	Other
State Vessels Authorized to Operate:						

Date Trained:_____ Source of Training: _____

Number of days per week required to operate a vessel: _____
Required to handle hazardous cargo: Yes____ No____
Trained to haul/Handle: Yes____ No____
****

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one-year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

_____ _____

Agency Head Signature **Date of Authorization**
(or specifically designated individual)

DA 2066 (6/06/01)

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

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 ☐ 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? ☐ YES ☐ NO

NUMBER OF PERSONS ON BOARD

OPERATOR'S EXPERIENCE — HOURS

	Under 20	20-100	100-500	Over 500	None
THIS TYPE OF BOAT	☐	☐	☐	☐	☐
OTHER BOAT OPERATING EXP	☐	☐	☐	☐	☐

FORMAL INSTRUCTION IN BOATING SAFETY
☐ None ☐ USCG Auxiliary
☐ State ☐ American Red Cross
☐ U.S. Power Squadrons ☐ Other

BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.

TYPE OF BOAT
☐ Open Motorboat
☐ Cabin Motorboat
☐ Auxiliary Sail
☐ Sail (only)
☐ Rowboat
☐ Canoe
☐ Personal Water Craft
☐ Airboat
☐ Houseboat
☐ Pontoon Boat
☐ Other

HULL MATERIAL
☐ Wood
☐ Aluminum
☐ Steel
☐ Fiberglass
☐ Rubber / Vinyl
☐ Other

ENGINE
☐ Outboard
☐ Inboard
☐ Inboard-outdrive
☐ Jet-drive
☐ Air thrust
☐ Other

TYPE OF FUEL
☐ Gasoline ☐ Other
☐ Diesel

PROPULSION
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
☐ Remote ☐ Other
☐ Hand tiller

HAS BOAT HAD A SAFETY EXAMINATION?
☐ Yes ☐ No
For Current Year? ☐ Yes ☐ No
Which Kind?
☐ USPS / USCG Auxiliary Inspection
☐ State/local Examination
☐ Other

INCIDENT DATA

DATE OF INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER	LOCATION *(give precisely)* Lat: Long:

STATE	NEAREST CITY OR TOWN	PARISH	PARISH CODE
LOUISIANA			

WEATHER *(check all applicable)*
☐ Clear ☐ Rain
☐ Cloudy ☐ Snow
☐ Fog ☐ Hazy

WATER CONDITIONS
☐ Calm (less than 6")
☐ Choppy (waves 6" to 2')
☐ Rough (waves 2' to 6')
☐ Very Rough (greater than 6')
☐ Strong Current

TEMPERATURE
Air ____ deg F
Water ____ deg F

DEPTH
____ ft

WIND
☐ None
☐ Light (0-6 mph)
☐ Moderate (7-14 mph)
☐ Strong (15-25 mph)
☐ Storm (over 25 mph)

VISIBILITY
☐ Good
☐ Fair
☐ Poor

TIME OF DAY
☐ Day
☐ Night

PERSONAL FLOTATION DEVICES (PFD'S)

Was the boat adequately equipped with USCG APPROVED personal floatation devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they serviceable? ☐ Yes ☐ No
What Type and How Many?
☐ Type I (#)____
☐ Type II (#)____
☐ Type III (#)____

Were PFDs properly:
Used? ☐ Yes ☐ No
Adjusted? ☐ Yes ☐ No
Sized? ☐ Yes ☐ No

Was the vessel carrying NON-APPROVED life saving devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they used? ☐ Yes ☐ No
If yes, indicate kind:

IGNITION AND THROTTLE

Ignition key position
☐ On ☐ Off
Engine equipped with Kill Switch?
☐ Yes ☐ No
Kill switch used?
☐ Yes ☐ No
Throttle position
☐ Forward ☐ Neutral
☐ Reverse ☐ Unknown

FIRE EXTINGUISHERS

WERE THEY USED?
(If yes, list Type(s) and number used.)
☐ Yes ☐ No ☐ N/A
Types:

----CONTINUED----

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT
(Check all applicable)

- ☐ Commercial Activity
- ☐ Cruising
- ☐ Maneuvering
- ☐ Approaching Dock
- ☐ Leaving Dock
- ☐ Water Skiing
- ☐ Racing
- ☐ Towing
- ☐ Other
- ☐ Drifting
- ☐ At Anchor
- ☐ Tied to Dock
- ☐ Fueling
- ☐ Fishing
- ☐ Hunting
- ☐ Skin Diving/ Swimming
- ☐ Being Towed

TYPE OF INCIDENT
(Number by order of occurrence)

- ____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?
(Number by order of importance; primary-1, secondary-2, tertiary-3)

- ____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 ____

INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? ☐ Yes ☐ No Insurance Agency ____ Policy Number ____

ESTIMATED AMOUNT OF DAMAGE	DESCRIPTION OF DAMAGE TO THIS VESSEL
This Boat $ ____ Other Property $ ____	

DESCRIPTION OF OTHER PROPERTY DAMAGED	NAME/ADDRESS OF OWNER PHONE # ( )

PASSENGERS

NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?

----CONTINUED NEXT PAGE---

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

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) ☐ Operator ☐ Owner ☐ Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE----

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

DIAGRAM OF INCIDENT

Indicate North w/ arrow

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

COMMENTS:

VESSEL REGISTRATION #

OPERATOR BOATING INCIDENT REPORT

DETAILED DESCRIPTION OF INCIDENT

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

OMB Control No. 1625-0001

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 06-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA

MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility	2. Official No.	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection Issued at:

6. Type *(Towing, Freight, Fish, Drill, etc.)*	7. Length	8. Gross Tons	9. Year Built	10. Propulsion *(Steam, diesel, gas, turbine...)*

11. Hull Material *(Steel, Wood...)*	12. Draft *(Ft. - in.)* FWD	AFT.	13. If Vessel Classed, By Whom: *(ABS, LLOYDS, DNV, BV, etc.)*	14. Date *(of occurrence)*	15. TIME *(Local)*

16. Location *(See Instruction No. 10A)*

17. Estimated Loss of Damage TO:

VESSEL _____
CARGO _____
OTHER _____

18. Name, Address & Telephone No. of Operating Co.

19. Name of Master or Person in Charge	USCG License	20. Name of Pilot	USCG License	State License
	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO

19a. Street Address *(City, State, Zip Code)*	19b. Telephone Number	20a. Street Address *(City, State, Zip Code)*	20b. Telephone Number

21. Casualty Elements *(Check as many as needed and explain in Block 44.)*

- NO. OF PERSONS ON BOARD _____
- ☐ DEATH - HOW MANY? _____
- ☐ MISSING - HOW MANY? _____
- ☐ INJURED - HOW MANY? _____
- ☐ HAZARDOUS MATERIAL RELEASED OR INVOLVED *(Identify Substance and amount in Block 44.)*
- ☐ OIL SPILL - ESTIMATE AMOUNT: _____
- ☐ CARGO CONTAINER LOST/DAMAGED
- ☐ COLLISION *(Identify other vessel or object in Block 44.)*
- ☐ GROUNDING ☐ WAKE DAMAGE
- ☐ FLOODING; SWAMPING WITHOUT SINKING
- ☐ CAPSIZING *(with or without sinking)*
- ☐ FOUNDERING OR SINKING
- ☐ HEAVY WEATHER DAMAGE
- ☐ FIRE
- ☐ EXPLOSION
- ☐ COMMERCIAL DIVING CASUALTY
- ☐ ICE DAMAGE
- ☐ DAMAGE TO AIDS TO NAVIGATION
- ☐ STEERING FAILURE
- ☐ MACHINERY OR EQUIPMENT FAILURE
- ☐ ELECTRICAL FAILURE
- ☐ STRUCTURAL FAILURE
- ☐ FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
- ☐ LIFESAVING EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
- ☐ BLOW OUT *(Petroleum exporation/production)*
- ☐ ALCOHOL INVOLVEMENT *(Describe in Block 44.)*
- ☐ DRUG INVOLVEMENT *(Describe in Block 44.)*
- ☐ OTHER *(Specify)* _____

22. Conditions

A. Sea or River Conditions *(wave height, river stage, etc.)*

B. WEATHER
- ☐ CLEAR
- ☐ RAIN
- ☐ SNOW
- ☐ FOG
- ☐ OTHER *(Specify)* _____

C. TIME
- ☐ DAYLIGHT
- ☐ TWILIGHT
- ☐ NIGHT

D. VISIBILITY
- ☐ GOOD
- ☐ FAIR
- ☐ POOR

E. DISTANCE *(miles of visibility)* _____

F. AIR TEMPERATURE (F) _____

G. WIND SPEED & DIRECTION _____ _____

H. CURRENT SPEED & DIRECTION _____ _____

23. Navigation Information
- ☐ MOORED, DOCKED OR FIXED
- ☐ ANCHORED ☐ UNDERWAY OR DRIFTING

SPEED AND COURSE _____

24. Last Port Where Bound _____

24a. Time and Date of Departure

25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. *(Describe in Block 44.)*
									☐ PUSHING AHEAD ☐ TOWING ASTERN ☐ TOWING ALONGSIDE ☐ MORE THAN ONE TOW-BOAT ON TOW

SECTION II. BARGE INFORMATION

26. Name	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:

26f. Year Built	26g. ☐ SINGLE SKIN ☐ DOUBLE	26h. Draft FWD	AFT	26i. Operating Company

26j. Damage Amount
- BARGE _____
- CARGO _____
- OTHER _____

26k. Describe Damage to Barge

PREVIOUS EDITION IS OBSOLETE

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved ☐ MALE or ☐ FEMALE ☐ DEAD ☐ INJURED ☐ MISSING	27a. Name *(Last, First, Middle Name)* 27b. Address *(City, State, Zip Code)*	27c. Status ☐ Crew ☐ Passenger ☐ Other

28. Birth Date	29. Telephone No.	30. Job Position	31. *(Check here if off duty)* ☐

32. Employer - *(if different from Block 18., fill in Name, Address, Telephone No.)*

33. Person's Time	YEAR(S)	MONTH(S)
A. IN THIS INDUSTRY -		
B. WITH THIS COMPANY -		
C. IN PRESENT JOB OR POSITION -		
D. ON PRESENT VESSEL/FACILITY -		
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		

34. Industry of Employer *(Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)*

35. Was the Injured Person Incapecitated 72 Hours or More?

36. Date of Death

37. Activity of Person at Time of Accident

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident *(Fall, Caught between, etc.)*	40. Resulting Injury *(Cut, Bruise, Fracture, Burn, etc.)*
41. Part of Body Injured	42. Equipment Involved in Accident

43. Specific Object, Part of the Equipment in block 42., or Substance *(Chemical, Solvent, etc.)* that directly produced the Injury.

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occured, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. *(See instructions and attach additional sheets if necessary).*

45. Witness *(Name, Address, Telephone No.)*

46. Witness *(Name, Address, Telephone No.)*

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) *(Last, First, Middle)*	47b. Address *(City, State, Zip Code)*	47c. Title
47a. Signature		47d. Telephone No.
		47e. Date

FOR COAST GUARD USE ONLY	REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry: MISLE Incident Investigation Activity Number (if applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL

Serious Marine Incident ☐ Yes ☐ No Major Marine Casualty ☐ Yes ☐ No	INVESTIGATOR *(Name)*	DATE	APPROVED BY *(Name)*	DATE

INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. An injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of $25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

D. Damage affecting the usefullness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of $25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of $25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;
2. Injury causing incapacitation over 72 hours;
3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Homeland Security's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. Once completed, deliver or mail this form as soon as possible to the Coast Guard Marine Safety, Marine Inspection or Activities Office nearest the location of the casualty or, if at sea, nearest the arrival port.

10. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. *ALCOHOL AND DRUG INFORMATION.* Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-MOA), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503