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| dnrlogowhtblkstate | | | Michigan Department of Natural Resources - Law Enforcement Division  **Official Boating Accident Report**  *This information is required by authority of Part 801, of Marine Safety Act 451, P.A. 1994, as amended.*  *Any person violating the provisions of this Act is guilty of a misdemeanor and may be subject to a fine and/or imprisonment* | | | | | | | | | | | | | | | | | | | | | | | | No Injuries  Value $\_\_\_\_\_\_\_\_\_\_\_\_  Fatal | | |
| Department | | | | | | | | | | | | | | | | | ORI | | | | | | Date of Report  Select | | | | | | |
| Complaint Number | | | | | | | | | | | | | | | File Class | | | | | | | | | | | | | | |
| Accident Details | Date of Accident  Select | | | | | | Time | | | AM  PM | County  Select | | | | | | | | | Township, City, or Village | | | | | | | | | |
| Exact Location (Fix Location Precisely) | | | | | | | | | | Type of Water  Select | | | | | | | | | | | | | | | | | | |
| Body of Water | | | | | | | | | | | | | | | | | Public Access  Select | |
| Type of Accident  Select | | | | | | | | | | Cause  Select | | | | | | | | | | | | | | | | | | |
| Weather Conditions  Select | | | | | | | Wind Conditions  Select | | | | | | | | | | Weather Encountered  Select | | | | | | | | | | | |
| Water Conditions  Select | | | | | | | Visibility Conditions  Select | | | | | | | | | | Water Temp | | | | | | Air Temp | | | | | |
|  | | | °F | | |  | | | | | °F |
| In Your Opinion What Contributed to the Accident  Select | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks (Briefly Describe What Happened – Attach Diagram and/or Police Report) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Witnesses | Name and Address of WITNESS No.1 | | | | | Witness Date of Birth | | | | | | | | | | Name and Address of WITNESS No. 2 | | | | | | Witness Date of Birth | | | | | | | |
| Telephone Number | | | | | | | | | | Telephone Number | | | | | | | |
| Location of Witness | | | | | | | | | | | | | | | Location of Witness | | | | | | | | | | | | | |
| Charges | Citation | Lodged | | Name | | | | | | | | | | | | Charge(s) | | | | | | | | | | | | | |
|  |  | | Name | | | | | | | | | | | | Charge(s) | | | | | | | | | | | | | |
| Vessel Number 1 | Name and Address of OPERATOR | | | | | | | Operator’s Date of Birth | | | | | No. of Persons on Board | | | | | Name and Address of OWNER | | | | | | | | | | | |
|  | | | | |
| Operator’s Gender  Select | | | | |
| No. of Persons in Tow | | | | |
| Telephone Number | | | | | | | Vessel Rented  Select | | | | |  | | | | | Telephone Number | | | | | | | | | | | |
| Operator’s Experience with This Type of Vessel  Select | | | | | | | Operator’s Experience with Other Types of Vessels  Select | | | | | | | | | | Operator’s Formal Instruction in Boating Safety  Select | | | | | | | | | | | |
| MFR Hull ID No. | | | | | | | Registration Number | | | | Year Vessel Built | | | | | | No. of Engines | | | | | | Make of Engine | | | | | |
| Make of Vessel | | | | | | | Model of Vessel | | | | | | | | | | Propulsion  Select | | | | | | Total Horsepower | | | | | |
| Type of Vessel  Select | | | | | | | Hull  Select | | | | | | | | | | Engine  Select | | | | | | Fuel  Select | | | | | |
| Construction:  Length       ft.       in. | | | | Width (Beam)        ft. | | | | | | Depth (Beam)        ft.       in. | | | | | | | Operation at Time of Accident  Select | | | | | | | | | | | |
| Was Operator Under the Influence  Alcohol  Drugs Suspicion None Unknown | | | | | | | | | | | | | Did Operator Suffer Medical Condition  Heart Attack  Epileptic Seizure Cramps None Unknown | | | | | | | | | | | | | | | |
| Damage to Vessel (Describe) | | | | | | | | | | | | | | | | | | | | | | | | | Estimated Damage Cost  $ | | | |
| If Accident Resulted due to Equipment Failure Describe in Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the Vessel Adequately Equipped with Coast Guard Approved Lifesaving Devices Yes  No Were they Accessible Yes  No Were They Used Yes  No | | | | | | | | | | | | | | | | | Were Fire Extinguishers used Yes  No  No. on Board    Type | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | PR9257 (Rev. 09/12/2023) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel Number 2 | Name and Address of OPERATOR | | | | | | | Operator’s Date of Birth | | | | | No. of Persons on Board | | | | | Name and Address of OWNER | | | | | | | | | | | |
|  | | | | |
| Operator’s Gender  Select | | | | |
| No. of Persons in Tow | | | | |
| Telephone Number | | | | | | | Vessel Rented  Select | | | | |  | | | | | Telephone Number | | | | | | | | | | | |
| Operator’s Experience with This Type of Vessel  Select | | | | | | | Operator’s Experience with Other Types of Vessels  Select | | | | | | | | | | Operator’s Formal Instruction in Boating Safety  Select | | | | | | | | | | | |
| MFR Hull ID No. | | | | | | | Registration Number | | | | Year Vessel Built | | | | | | No. of Engines | | | | | | Make of Engine | | | | | |
| Make of Vessel | | | | | | | Model of Vessel | | | | | | | | | | Propulsion  Select | | | | | | Total Horsepower | | | | | |
| Type of Vessel  Select | | | | | | | Hull  Select | | | | | | | | | | Engine  Select | | | | | | Fuel  Select | | | | | |
| Construction:  Length       ft.       in. | | | | Width (Beam)        ft. | | | | | | Depth (Beam)        ft.       in. | | | | | | | Operation at Time of Accident  Select | | | | | | | | | | | |
| Was Operator Under the Influence  Alcohol  Drugs Suspicion None Unknown | | | | | | | | | | | | | Did Operator Suffer Medical Condition  Heart Attack  Epileptic Seizure Cramps None Unknown | | | | | | | | | | | | | | | |
| Damage to Vessel (Describe) | | | | | | | | | | | | | | | | | | | | | | | | Estimated Damage Cost  $ | | | | |
| If Accident Resulted due to Equipment Failure Describe in Detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the Boat Adequately Equipped with Coast Guard Approved Lifesaving Devices Yes  No Were they Accessible Yes  No Were They Used Yes  No | | | | | | | | | | | | | | | | | Were Fire Extinguishers used Yes  No  No. on Board    Type | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other PD | Name and Address of PROPERTY OWNER | | | Damage to Other Property (Describe) | | | | | | | Estimated Damage Cost  $ | | |
| Injured and Deceased | Name and Address of VICTIM No.1 | | | Victim’s Date of Birth | Was Victim Injured  Deceased  Was Victim Swimmer  Non-Swimmer Unknown  Was Victim Incapacitated for 24 Hours or More? Yes  No | | | | | | | | |
| Victim’s Gender  Select |
| Telephone Number | Victim’s Activity  Select | | Victim’s Injuries  Select | | | | Location of Victim  Select | | | | | |
| Where Treated (Name of Hospital) | | | Physician’s Name | | | Physician in Attendance Yes  No  Artificial Respiration Used Yes  No | | | | | | |
| Was Victim Under the Influence  Alcohol  Drugs Suspicion None | | | Other Medical Condition  Heart Attack  Epileptic Seizure Cramps Other/Unknown | | | | | | Cause of Death | | | |
| Name and Address of VICTIM No. 2 | | | Victim’s Date of Birth | Was Victim Injured  Deceased  Was Victim Swimmer  Non-Swimmer Unknown  Was Victim Incapacitated for 24 Hours or More? Yes  No | | | | | | | | |
| Victim’s Gender  Select |
| Telephone Number | Victim’s Activity  Select | | Victim’s Injuries  Select | | | | Location of Victim  Select | | | | | |
| Where Treated (Name of Hospital) | | | Physician’s Name | | | Physician in Attendance Yes  No  Artificial Respiration Used Yes  No | | | | | | |
| Was Victim Under the Influence  Alcohol  Drugs Suspicion None | | | Other Medical Condition  Heart Attack  Epileptic Seizure Cramps Other/Unknown | | | | | | Cause of Death | | | |
| Reporting Information | Name and Address of Reporting Civilian | | | Date of Birth | Additional Reporting Details | | | | | | | | |
| Telephone Number |
| Reporting Officer Name | | | Telephone Number | If the Accident Involved Alcohol or Drugs, or Both were these a Contributing Factor to the Casualty, in Your Opinion? Yes  No | | | | | | | | |
| Rank | Badge No. | | Email Address | | Date  Select | | | | | | Time | AM  PM |
| Accident Report Closed by | | | Rank | Arrest  Service Rendered  Exceptional Clearance  Other | | | | | | | | |
| **Submit a Copy of this Completed Report to:**  **(Along with Diagram and/or Police Reports)** | | | **MICHIGAN DEPARTMENT OF NATURAL RESOURCES**  **LAW ENFORCEMENT DIVISION - RECREATIONAL SAFETY SECTION**  **PO BOX 30031 LANSING MI 48909-7531**  **OR** [DNR-LED-RecSafety@michigan.gov](mailto:DNR-LED-RecSafety@michigan.gov) | | | | | | | | | | |
|  | | |  | | | | | | PR9257 (Rev. 09/12/2023) | | | | |