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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 ReportSelect |
| Complaint Number      | File Class      |
| Accident Details | Date of AccidentSelect | Time      | [ ]  AM[ ]  PM | CountySelect | Township, City, or Village      |
| Exact Location (Fix Location Precisely)      | Type of WaterSelect |
| Body of Water      | Public AccessSelect |
| Type of AccidentSelect | CauseSelect |
| Weather ConditionsSelect | Wind ConditionsSelect | Weather Encountered Select |
| Water ConditionsSelect | Visibility ConditionsSelect | Water Temp | Air Temp |
|     | °F |     | °F |
| In Your Opinion What Contributed to the AccidentSelect |
| 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 GenderSelect |
| No. of Persons in Tow |
| Telephone Number      | Vessel RentedSelect |    | Telephone Number      |
| Operator’s Experience with This Type of VesselSelect | Operator’s Experience with Other Types of VesselsSelect | Operator’s Formal Instruction in Boating SafetySelect |
| MFR Hull ID No.      | Registration Number      | Year Vessel Built     | No. of Engines   | Make of Engine      |
| Make of Vessel      | Model of Vessel      | PropulsionSelect | Total Horsepower      |
| Type of VesselSelect | HullSelect | EngineSelect | FuelSelect |
| Construction: Length       ft.       in.  | Width (Beam)       ft.  | Depth (Beam)       ft.       in. | Operation at Time of AccidentSelect |
| 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 [ ]  NoNo. 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 GenderSelect |
| No. of Persons in Tow |
| Telephone Number      | Vessel RentedSelect |    | Telephone Number      |
| Operator’s Experience with This Type of VesselSelect | Operator’s Experience with Other Types of VesselsSelect | Operator’s Formal Instruction in Boating SafetySelect |
| MFR Hull ID No.      | Registration Number      | Year Vessel Built     | No. of Engines   | Make of Engine      |
| Make of Vessel      | Model of Vessel      | PropulsionSelect | Total Horsepower      |
| Type of VesselSelect | HullSelect | EngineSelect | FuelSelect |
| Construction: Length       ft.       in.  | Width (Beam)       ft.  | Depth (Beam)       ft.       in. | Operation at Time of AccidentSelect |
| 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 [ ]  NoNo. on Board    Type       |

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| 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 GenderSelect |
| Telephone Number      | Victim’s ActivitySelect | Victim’s InjuriesSelect | Location of VictimSelect |
| 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 GenderSelect |
| Telephone Number      | Victim’s ActivitySelect | Victim’s InjuriesSelect | Location of VictimSelect |
| 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      | DateSelect | 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 |
|  |  | PR9257 (Rev. 09/12/2023) |