Michigan Department of Natural Resources - Law Enforcement

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. _____

Department	Date of Complaint	Complaint Number	File Class	No. of Sheets

Place of Accident

Date of Accident	Time ☐ AM ☐ PM	County	Township, City or Village

Exact Location (Name Waters and Fix Location Precisely)

Type of Water
☐ Great Lakes, incl. Detroit, St. Clair and St. Mary's Rivers
☐ Lakes, Rivers, & Streams directly connected with the Great Lakes
☐ Inland Lakes

Public Access ☐ Yes ☐ No
☐ Other Rivers, Streams & Creeks
☐ Gravel Pits, Excavations, Ditches, Canals, etc.
☐ Unknown
☐ Other (Specify) _____

Vessel Number 1

Name and Address of Operator

Telephone

Operator's Date of Birth

Gender of Operator
☐ Male ☐ Female
☐ No Operator
☐ Unknown

Name and Address of Owner

Telephone

Boat Rented ☐ Yes ☐ No

No. of Persons on Board

Number Towed

Operator's Experience With This Type of Boat
☐ Under 20 hrs ☐ Over 500 hrs
☐ 20 to 100 hrs ☐ Unknown
☐ 101 to 500 hrs

Other Type of Boats
☐ Under 20 hrs ☐ Over 500 hrs
☐ 20 to 100 hrs ☐ Unknown
☐ 101 to 500 hrs

Formal Instruction in Boating Safety
☐ None ☐ Sheriff Department
☐ USCG Auxiliary ☐ State
☐ U.S. Power Squadron ☐ Unknown
☐ American Red Cross ☐ Other(Specify) _____

Registration Number	**Make of Boat**	**Model of Boat**	**MFR Hull ID Number**

Type of Boat
☐ Open Motorboat ☐ Canoe
☐ Cabin Motorboat ☐ Raft Homemade
☐ Auxiliary Sail ☐ PWC (Jet Ski)
☐ Sail (Only) ☐ Other/Unknown
☐ Rowboat

Hull
☐ Wood
☐ Steel
☐ Aluminum
☐ Fiberglass (Plastic)
☐ Canvas
☐ Unknown

Engine
☐ Outboard
☐ Inboard Gasoline
☐ Inboard Diesel
☐ Inboard Outdrive
☐ Unknown
☐ None

Propulsion
No. of Engines _____
Make of Engine _____
Horsepower (Total) _____
Year Built (Engine) _____

Construction
Length _____
Width (Beam) _____
Depth (Inner Transom to Keel) _____
Year Built (Boat) _____

Operation at Time of Accident Underway
☐ Cruising ☐ Towing Other ☐ Paddling ☐ Race Non-Sanctioned ☐ Sailing
☐ Maneuvering to Dock, Anchor, etc. ☐ Being Towed ☐ At Anchor ☐ Other (Specify Below) ☐ Trolling
☐ Towing Skier ☐ Drifting ☐ At Dock ☐ Racing ☐ Fueling ☐ Unknown

Damage to Craft

Amount of Estimated Damage $ _____

Was the Boat Adequately Equipped With CG Approved Lifesaving Devices ☐ **Yes** ☐ **No**
Were They Accessible ☐ Yes ☐ No Were They Used ☐ Yes ☐ No

Were Fire Extinguishers Used ☐ Yes ☐ No
Type of Extinguisher Number on Board

Vessel Number 2

Name and Address of Operator

Telephone

Operator's Date of Birth

Gender of Operator
☐ Male ☐ Female
☐ No Operator
☐ Unknown

Name and Address of Owner

Telephone

Boat Rented ☐ Yes ☐ No

No. of Persons on Board

Number Towed

Operator's Experience With This Type Of Boat
☐ Under 20 hrs ☐ Over 500 hrs
☐ 20 to 100 hrs ☐ Unknown
☐ 101 to 500 hrs

Other Type of Boats
☐ Under 20 hrs ☐ Over 500 hrs
☐ 20 to 100 hrs ☐ Unknown
☐ 101 to 500 hrs

Formal Instruction in Boating Safety
☐ None ☐ Sheriff Department
☐ USCG Auxiliary ☐ State
☐ U.S. Power Squadron ☐ Unknown
☐ American Red Cross ☐ Other (Specify) _____

Registration Number	**Make of Boat**	**Model of Boat**	**MFR Hull ID Number**

Type of Boat
☐ Open Motorboat ☐ Canoe
☐ Cabin Motorboat ☐ Raft Homemade
☐ Auxiliary Sail ☐ PWC (Jet Ski)
☐ Sail (Only) ☐ Other/Unknown
☐ Rowboat

Hull
☐ Wood
☐ Steel
☐ Aluminum
☐ Fiberglass (Plastic)
☐ Canvas
☐ Unknown

Engine
☐ Outboard
☐ Inboard Gasoline
☐ Inboard Diesel
☐ Inboard Outdrive
☐ Unknown
☐ None

Propulsion
No. of Engines _____
Make of Engine _____
Horsepower (Total) _____
Year Built (Engine) _____

Construction
Length _____
Width (Beam) _____
Depth (Inner Transom to Keel) _____
Year Built (Boat) _____

Operation at Time of Accident Underway
☐ Cruising ☐ Towing Other ☐ Paddling ☐ Race Non-Sanctioned ☐ Sailing
☐ Maneuvering to Dock, Anchor, etc. ☐ Being Towed ☐ At Anchor ☐ Other (Specify Below) ☐ Trolling
☐ Towing Skier ☐ Drifting ☐ At Dock ☐ Racing ☐ Fueling ☐ Unknown

Damage to Craft

Amount of Estimated Damage $ _____

Was the Boat Adequately Equipped With CG Approved Lifesaving Devices ☐ Yes ☐ No
Were They Accessible ☐ Yes ☐ No Were They Used ☐ Yes ☐ No

Were Fire Extinguishers Used ☐ **Yes** ☐ **No**
Type of Extinguisher Number on Board

CONTINUED ON NEXT PAGE -

Other P.D.

Damage to Other Property *(Describe)*

Estimated Damages $

Weather Conditions

Weather
☐ Clear ☐ Rain
☐ Cloudy ☐ Snow
☐ Foggy ☐ Hazy
☐ Unknown

Water
☐ Calm ☐ Very Rough
☐ Choppy ☐ Strong Current
☐ Rough ☐ Unknown

Wind
☐ None ☐ Strong (15 – 25 MPH)
☐ Light (0 – 6 MPH) ☐ Storm (Over 25 MPH)
☐ Moderate (7 – 14 MPH)
☐ Unknown

Visibility
☐ Good
☐ Fair
☐ Poor
☐ Unknown

Temperature
☐ Air _____ °F
☐ Water _____ °F

Weather Encountered
☐ Was as Forecasted
☐ Not as Forecasted
☐ No Forecast Obtained

TYPE OF ACCIDENT
☐ Grounding
☐ Capsizing
☐ Flooding
☐ Sinking
☐ Fire or Explosion (Fuel)
☐ Fire or Explosion (Other Than Fuel)
☐ Burns
☐ Collision With Vessel
☐ Collision With Floating Object
☐ Collision With Fixed Object
☐ Falls in Boat
☐ Falls Overboard
☐ Fall Into Propeller
☐ Hit by Propeller or Boat
☐ Water Ski
☐ Miscellaneous Water Sports
☐ Hit a Wake
☐ Other/Unknown
_____

VICTIM'S ACTIVITY
Victim(s) 1 2
☐ ☐ Boating
☐ ☐ Canoeing
☐ ☐ Racing
☐ ☐ Fishing
☐ ☐ Hunting
☐ ☐ Water Sports (Skiing, Surfboard, etc.)
☐ ☐ Swimming
☐ ☐ Other (Specify)
_____
☐ ☐ Unknown

CAUSE
☐ Weather Conditions
☐ Hazardous Waters
☐ Excessive Speed/ Racing Non-Sanctioned
☐ Reckless Operation
☐ No Proper Lookout
☐ Overloading
☐ Improper Loading
☐ Under Influence/Impaired by Alcohol
☐ Under Influence/Impaired by Drugs
☐ Passenger Negligence
☐ Faulty Hull
☐ Faulty Equipment
☐ Racing Sanctioned
☐ Operator Negligence
☐ Skier Inexperience
☐ Operator Inexperience
☐ Other Inexperience
☐ Inexperience
☐ Other/Unknown
_____

PHYSICAL CONDITION

Alcohol	Drugs	Operator 1	Operator 2	Victim(s) 1	Victim(s) 2
☐	☐ Under	☐	☐	☐	☐
☐	☐ No Infl.	☐	☐	☐	☐
☐	☐ Suspicion of Drugs/Alcohol/ (Other Condition)	☐	☐	☐	☐
		☐	☐	☐	☐

☐ Heart Attack
☐ Epileptic Seizure
☐ Cramps
☐ Other/Unknown

Injured & Deceased

No. of Victims

Victim # | Location of Victim ☐ Vessel No. 1 (or Attached to) ☐ Vessel No. 2 (or Attached to) ☐ Other

1. Name & Address of Victim | Telephone | Date of Birth | Gender ☐ M ☐ F

Was Victim ☐ Deceased ☐ Injured | Was Victim ☐ Swimmer ☐ Non-Swimmer ☐ Unknown

Was Victim Incapacitated for 24 Hours or More? ☐ Yes ☐ No

Injuries
☐ Amputation ☐ Back Injury ☐ Broken Bone(s)
☐ Burns ☐ Contusion ☐ Dislocation
☐ Head Injury ☐ Hypothermia ☐ Internal Injuries
☐ Laceration ☐ Neck Injury ☐ Shock
☐ Spinal Injury ☐ Sprain/Strain ☐ Teeth

Where Treated (*Name of Hospital*) | Artificial Respiration Used ☐ Yes ☐ No

Physician in Attendance ☐ Yes ☐ No | Physician's Name

Victim # | Location of Victim ☐ Vessel No. 1 (or attached to) ☐ Vessel No. 2 (or attached to) ☐ Other

2. Name & Address of Victim | Telephone | Date of Birth | Gender ☐ M ☐ F

Was Victim ☐ Deceased ☐ Injured | Was Victim ☐ Swimmer ☐ Non-Swimmer ☐ Unknown

Was Victim Incapacitated for 24 Hours or More? ☐ Yes ☐ No

Injuries
☐ Amputation ☐ Back Injury ☐ Broken Bone(s)
☐ Burns ☐ Contusion ☐ Dislocation
☐ Head Injury ☐ Hypothermia ☐ Internal Injuries
☐ Laceration ☐ Neck Injury ☐ Shock
☐ Spinal Injury ☐ Sprain/Strain ☐ Teeth

Where Treated (*Name of Hospital*) | Artificial Respiration Used ☐ Yes ☐ No

Physician in Attendance ☐ Yes ☐ No | Physician's Name

Remarks & Arrests

Remarks: Describe Briefly What Happened *(If Diagram is Needed Attach Separately or Attach Police Report)*

Arrests ☐ Yes ☐ No

Name	Charge
Name	Charge

Witness(s)

1. Name of Witness	Telephone	2. Name of Witness	Telephone
Address of Witness		Address of Witness	
City, State, ZIP		City, State, ZIP	
Location of Witness		Location of Witness	

Report

Reported by *(Name)*	Telephone	Report Received by *(Name)*	Date & Time	☐ AM ☐ PM
Address		Investigator Rank	Badge No.	
City, State, ZIP		Investigator Signature		

Complaint Closed by (*Please Print*) ☐ Arrest ☐ Service Rendered ☐ Other ☐ Exceptional Clearance

Submit a Copy of This Completed Report to

MICHIGAN DEPARTMENT OF NATURAL RESOURCES
LAW ENFORCEMENT DIVISION - RECREATIONAL SAFETY SECTION
PO BOX 30031
LANSING MI 48909-7531

Clear Form **Print Form**

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