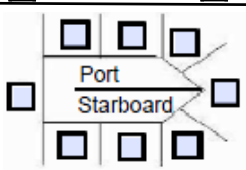
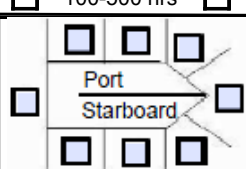




<b>Type of Boat:</b> V-1 V-2 <input type="checkbox"/> Airboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe/Kayak  <input type="checkbox"/> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Mini Jet Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sailboat <input type="checkbox"/> Seaplane <input type="checkbox"/> Other	<b># of Engines:</b> Vessel 1 _____ Vessel 2 _____ <b>Total H.P.</b> Vessel 1 _____ Vessel 2 _____ <b>Fuel:</b> V-1 V-2 Diesel <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> Gasoline <input type="checkbox"/> <input type="checkbox"/> Propane <input type="checkbox"/> <input type="checkbox"/>	<b>Propulsion:</b> V-1 V-2 <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet Current Safety Exam V-1 <input type="checkbox"/> V-2 <input type="checkbox"/>	<b>Safety Equipment:</b> V-1 V-2 <input type="checkbox"/> Req. PFDs on board <input type="checkbox"/> PFD's Accessible <input type="checkbox"/> PFD's Used <input type="checkbox"/> Fire EA. on board <input type="checkbox"/> Fire EA. used <input type="checkbox"/> Nav. Lights Operational <input type="checkbox"/> Nav. Lights turned on <input type="checkbox"/> Req. Emergency. <input type="checkbox"/> Cut-Off Switch <input type="checkbox"/> Emerg. Cut-off Used V-1 Type PFD Used _____ V-2 Type PFD Used _____
<b>Hull Material:</b> V-1 V-2 <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____  <input type="checkbox"/> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Rigid Hull Infl. <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<b>Engine:</b> Jet Inboard Outboard I/O Other V-1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> V-2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>Vessel 1</b> Name and Address of Operator  Date of Birth: _____ Operator/Driver's License: _____  Name and Address of Owner	Alcohol Use by Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Operator Arrested for BUI? <input type="checkbox"/> Yes <input type="checkbox"/> No BAC Level: _____	Vessel 1 Damage Amount \$ _____ Other Property Damage-Describe Amount: \$ _____	Operator Experience This Vessel Other Vessels <input type="checkbox"/> Under 20 hrs <input type="checkbox"/> <input type="checkbox"/> 20-100 hrs <input type="checkbox"/> <input type="checkbox"/> 100-500 hrs <input type="checkbox"/> 
Telephone No's <b>Operator</b> Work _____ Home _____ <b>Owner</b> Work _____ Home _____		Formal Instruction in Boating Safety <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Other _____	

Boat Registration No	Year	Length	Boat Make	Boat Model	Hull Identification No.
Documentation No.	Boat Name		Motor Make	Motor Serial #	Number of Persons On Board Vessel

<b>Vessel 2</b> Name and Address of Operator  Date of Birth: _____ Operator/Driver's License: _____  Name and Address of Owner	Alcohol Use by Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No Operator Arrested for BUI? <input type="checkbox"/> Yes <input type="checkbox"/> No BAC Level: _____	Vessel 2 Damage Amount \$ _____ Other Property Damage- Describe Amount: \$ _____	Operator Experience This Vessel Other Vessels <input type="checkbox"/> Under 20 hrs <input type="checkbox"/> <input type="checkbox"/> 20-100 hrs <input type="checkbox"/> <input type="checkbox"/> 100-500 hrs <input type="checkbox"/> 
Telephone No's <b>Operator</b> Work _____ Home _____ <b>Owner</b> Work _____ Home _____		Formal Instruction in Boating Safety <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Other _____	

Boat Registration No	Year	Length	Boat Make	Boat Model	Hull Identification No.
Documentation No.	Boat Name		Motor Make	Motor Serial #	Number of Persons On Board Vessel

**ACCIDENT DIAGRAM  
(BE SURE TO LABEL VESSELS)**

**ACCIDENT SUMMARY**

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I hereby certify that the information contained in this report is accurate to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_