

ALABAMA LAW ENFORCEMENT AGENCY
DPS- Alabama Marine Patrol
Boating Accident Reporting Form

ALEA - DPS-MARINE PATROL
PO Box 304115
Montgomery, AL 36130-4115

Fax: (334) 517-2954

Email: melynnda.moore@alea.gov

Questions: (334) 517-2950

This report is to be used for property damage only accidents
that total less than \$2000.00.

Case Number: For
Internal Use Only

Any accidents resulting in fatalities, injuries, and/or property
damage greater than \$2000.00 must be reported by an
Alabama Marine Police Officer.

Total Estimated Damage Amount

General Information: Number Vessels Involved
Date of Accident
Time of Accident
Body of Water
Nearest City or Town
County
Person Filing Report:
Address:
Telephone:
Precise Location
Latitude
Longitude

Weather: Clear, Cloudy, Hazy, Fog, Snow
Visibility: Good, Fair, Poor, Dawn, Day, Dusk, Night
Water Conditions: Calm, Choppy, Rough, Very Rough, Strong Current
Wind: None, Light, Moderate, Strong, Storm
Temperature: Air, Water
Water Depth: Feet

Accident Type: Collision with vessel, Collision with fixed object, Collision with floating object, Falls in boat, Falls overboard, Capsizing, Flooding, Sinking, Fire/Explosion, Grounding, Fallen Skier, Skier hit object, Struck by boat, Struck by propeller, Struck underwater object, Vessel wake damage, Other
Vessel Speed At Time of Accident: Not Moving, Under 10 MPH, 10-20 MPH, 21-40 MPH, Over 40 MPH

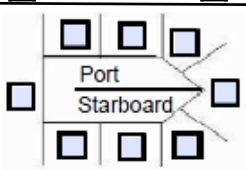
Possible Contributing Factors: Careless/Reckless Operation, Excessive speed, Congested waters, Hazardous waters, Lack of proper lights, Equip. failure, Alcohol use, Drug use, Hull failure, Improper loading, Overloading, Machine failure, No proper look-out, Operator inattention, Operator inexperience, Vision obstructed, Restricted Vision, Viol. Of Nav. Rule, Weather, Standing/sitting on gunwale, bow or transom, Sharp turn, Improper anchoring, Other

Operation at Time of Accident: At Anchor, Drifting, Tied to Dock, Launching/Loading, Rowing/Paddling, Cruising, Towing a boat, Being Towed, Changing Direction, Approaching Dock, Leaving Dock, Maneuvering, Sailing, Other
Activity at Time of Accident: Commercial Activity, Fishing Recreational, Fishing Tournament, Hunting, Racing, Fueling, Starting Engine, Water Skiing/Tubing, Swimming, Snorkeling, Scuba Diving, Recreational Cruising, Other

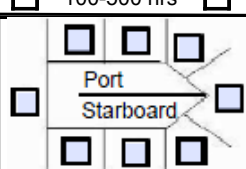
WITNESSES Also see witness statements. Use additional sheets if necessary.

Table with 5 columns: NAME, D.O.B., ADDRESS, TELEPHONE, VESSEL

Type of Boat: 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	# of Engines: Vessel 1 _____ Vessel 2 _____ Total H.P. Vessel 1 _____ Vessel 2 _____ Fuel: 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"/>	Propulsion: 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"/>	Safety Equipment: 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 _____
Hull Material: 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	Engine: 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"/>		

Vessel 1 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 Operator Work _____ Home _____ Owner 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

Vessel 2 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 Operator Work _____ Home _____ Owner 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

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

Printed Name _____

Signature _____

Date _____