

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD CG-3865 (Rev. 9/95)

BOATING ACCIDENT REPORT

FORM APPROVED OMB NO. 2115-0010

STATE ASSIGNED CASE NO. _____

THE OPERATOR/OWNER OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT.

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT	TIME	AM PM	NAME OF BODY OF WATER	LOCATION (GIVE LOCATION PRECISELY)
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN	COUNTY	STATE	ZIP CODE
WEATHER (CHECK ALL APPLICABLE) [] CLEAR [] RAIN [] CLOUDY [] SNOW [] FOG [] HAZY	WATER CONDITIONS [] CALM (WAVES LESS THAN 6") [] CHOPPY (WAVES 6" TO 2') [] ROUGH (WAVES 2' TO 6") [] VERY ROUGH (GREATER THAN 6") [] STRONG CURRENT	TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND [] NONE [] LIGHT (0-6 MPH) [] MODERATE (7-14 MPH) [] STRONG (15-25 MPH) [] STORM (OVER 25 MPH)	VISIBILITY DAY NIGHT [] GOOD [] [] FAIR [] [] POOR []
NAME OF OPERATOR		OPERATOR ADDRESS		
OPERATOR TELEPHONE NUMBER ()	DATE OF BIRTH MO DAY YR	OPERATOR'S EXPERIENCE [] NONE [] UNDER 100 HOURS [] ≥ 100 HOURS	INSTRUCTION IN BOATING SAFETY [] STATE COURSE [] U.S. POWER SQUADRON [] USCG AUXILIARY [] AMERICAN RED CROSS [] NONE	
[] MALE [] FEMALE				
NAME OF OWNER		OWNER ADDRESS		
OWNER TELEPHONE NUMBER ()	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? [] YES [] NO	

BOAT NO. 1 (THIS VESSEL)

BOAT REGISTRATION OR DOCUMENTATION NUMBER	STATE	HULL IDENTIFICATION NUMBER	BOAT NAME
BOAT MANUFACTURER	LENGTH	MODEL	YEAR BUILT
TYPE OF BOAT [] OPEN MOTORBOAT [] CABIN MOTORBOAT [] AUXILIARY SAIL [] SAIL (ONLY) [] ROWBOAT [] CANOE/KAYAK [] PERSONAL WATERCRAFT [] PONTOON BOAT [] HOUSEBOAT [] OTHER (SPECIFY)	HULL MATERIAL [] WOOD [] ALUMINUM [] STEEL [] FIBERGLASS [] RUBBER/VINYL/CANVAS [] RIGID HULL INFLATABLE [] OTHER (SPECIFY)	ENGINE [] OUTBOARD [] INBOARD [] INBOARD-STERNDRIVE (I/O) [] AIRBOAT	PROPULSION [] PROPELLER [] WATER JET [] AIR THRUST [] MANUAL [] SAIL
		FUEL [] GASOLINE [] DIESEL [] ELECTRIC	NUMBER OF ENGINES TOTAL HORSEPOWER
OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE) [] CRUISING [] CHANGING DIRECTION [] CHANGING SPEED [] DRIFTING [] TOWING [] BEING TOWED [] ROWING/PADDLING [] SAILING [] LAUNCHING [] DOCKING/UNDOCKING [] AT ANCHOR [] TIED TO DOCK/MOORED [] OTHER (SPECIFY)		ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE) [] FISHING [] TOURNAMENT [] HUNTING [] SWIMMING/DIVING [] MAKING REPAIRS [] WATERSKIING/TUBING/ETC. [] RACING [] WHITEWATER SPORTS [] FUELING [] STARTING ENGINE [] NON-RECREATIONAL [] OTHER (SPECIFY)	PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS? [] YES [] NO WERE PFDS ACCESSIBLE? [] YES [] NO
ESTIMATED SPEED [] NONE [] UNDER 10 MPH [] 10 - 20 MPH [] 21 - 40 MPH [] OVER 40 MPH		FIRE EXTINGUISHERS ON BOARD? [] YES [] NO USED? [] YES [] NO	
		WHAT CONTRIBUTED TO ACCIDENT? (CHECK ALL APPLICABLE) [] WEATHER [] EXCESSIVE SPEED [] IMPROPER LOOKOUT [] RESTRICTED VISION [] OVERLOADING [] IMPROPER LOADING [] HAZARDOUS WATERS [] ALCOHOL USE [] DRUG USE [] HULL FAILURE [] MACHINERY FAILURE [] EQUIPMENT FAILURE [] OPERATOR INEXPERIENCE [] OPERATOR INATTENTION [] CONGESTED WATERS [] PASSENGER/SKIER BEHAVIOR [] DAM/LOCK [] OTHER (SPECIFY)	
		[] HIT AND RUN	

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
[] MALE [] FEMALE		[] DROWNING [] OTHER [] DISAPPEARANCE	
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
[] MALE [] FEMALE		[] DROWNING [] OTHER [] DISAPPEARANCE	
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DESCRIBE INJURY	
MEDICAL TREATMENT BEYOND FIRST AID? [] YES [] NO		ADMITTED TO HOSPITAL? [] YES [] NO	
WAS PFD WORN? [] YES [] NO		PRIOR TO ACCIDENT? [] YES [] NO AS A RESULT OF ACCIDENT? [] YES [] NO	
WAS IT INFLATABLE? [] YES [] NO			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DESCRIBE INJURY	
MEDICAL TREATMENT BEYOND FIRST AID? [] YES [] NO		ADMITTED TO HOSPITAL? [] YES [] NO	
WAS PFD WORN? [] YES [] NO		PRIOR TO ACCIDENT? [] YES [] NO AS A RESULT OF ACCIDENT? [] YES [] NO	
WAS IT INFLATABLE? [] YES [] NO			
OTHER PEOPLE ABOARD THIS BOAT (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)			
NAME		ADDRESS	
DATE OF BIRTH		DESCRIBE INJURY	
WAS PFD WORN? [] YES [] NO		ADMITTED TO HOSPITAL? [] YES [] NO	
AS A RESULT OF ACCIDENT [] YES [] NO		PRIOR TO ACCIDENT? [] YES [] NO AS A RESULT OF ACCIDENT? [] YES [] NO	
WAS IT INFLATABLE? [] YES [] NO			
NAME		ADDRESS	
DATE OF BIRTH		DESCRIBE INJURY	
WAS PFD WORN? [] YES [] NO		ADMITTED TO HOSPITAL? [] YES [] NO	
AS A RESULT OF ACCIDENT [] YES [] NO		PRIOR TO ACCIDENT? [] YES [] NO AS A RESULT OF ACCIDENT? [] YES [] NO	
WAS IT INFLATABLE? [] YES [] NO			
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)			
NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ()		BOAT REGISTRATION OR DOCUMENTATION NUMBER STATE	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ()			
PROPERTY DAMAGE			
ESTIMATED AMOUNT: THIS BOAT AND CONTENTS: \$		OTHER BOAT(S) AND CONTENTS: \$	
OTHER PROPERTY: \$			
DESCRIBE PROPERTY DAMAGED			
WITNESSES NOT ON THIS VESSEL			
NAME		ADDRESS	
TELEPHONE NUMBER ()			
NAME		ADDRESS	
TELEPHONE NUMBER ()			
PERSON COMPLETING REPORT			
NAME		ADDRESS	
TELEPHONE NUMBER ()			
SIGNATURE		QUALIFICATION [] OPERATOR [] OWNER [] INVESTIGATOR [] OTHER	
DATE SUBMITTED			
FOR AGENCY USE ONLY			
CAUSES BASED ON (CHECK ONE): [] THIS REPORT [] INVESTIGATION [] INVESTIGATION AND THIS REPORT [] OTHER			
NAME OF REVIEWING OFFICE		DATE RECEIVED	
RECREATIONAL [] COMMERCIAL []		NON-REPORTABLE []	
PRIMARY CAUSE		SECONDARY CAUSE	

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS. INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AN/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PFD'S.)

An agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number. The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-OPB-1), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0010), Washington, DC 20503.