

This form must be submitted whenever a watercraft accident results in:  
 1. Loss of Life                      2. Injury beyond First Aid.                      3. Property Damage over \$100.

**PLEASE TYPE OR PRINT. COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")**

Time & Place	DATE OF ACCIDENT / /	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER	<input type="checkbox"/> LAKE	<input type="checkbox"/> RIVER	<input type="checkbox"/> POND/DITCH
	LOCATION (Give Location Precisely)			NEAREST TOWN/CITY	COUNTY	

<b>WATERCRAFT # 1</b>	OPERATOR (Last, First Middle) ADDRESS: _____ _____		OPERATOR'S DATE OF BIRTH ____/____/____		OPERATOR'S EXPERIENCE (check one from each type)				
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-_____-____ WORK ( ) _____-_____-____		OPERATOR'S AGE _____		This Type of Boat                      Other Types of Boats <input type="checkbox"/> Under 20 hours <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				
	OWNER: (Last, First Middle) ADDRESS: _____ _____		WAS BOAT RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO WAS BOAT COMERCIALY OUTFITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR'S FORMAL INSTRUCTION IN BOATING SAFETY (Check All that Apply)				
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-_____-____ WORK ( ) _____-_____-____		NO. OF PERSONS ON BOARD _____		<input type="checkbox"/> State _____ <input type="checkbox"/> None Certificate Number <input type="checkbox"/> Unknown <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> U.S. Power Squadrons _____ <input type="checkbox"/> American Red Cross _____				
	BOAT NUMBER (State & Number)	BOAT MAKE	BOAT MODEL	MFG HULL IDENTIFICATION NO.	BOAT NAME				
TYPE OF BOAT (Check One) <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Raft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Other <input type="checkbox"/> Auxiliary Sail _____ <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Rowboat (non-motorized) <input type="checkbox"/> Canoe / Kayak <input type="checkbox"/> Personal Watercraft (jet ski) <input type="checkbox"/> Pontoon		HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass (plastic) <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other (Specify) _____		ENGINE (check one) <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Water Jet <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____		BOAT DATA (Propulsion) Number of Engines _____ Make of Engine(s) _____ Horsepower (total) _____ Year Built (Engine) _____		BOAT DATA (Construction) Length _____ Feet _____ Inches Year Built _____ (Boat)	
PERSONAL FLOTATION DEVICES (Answer All Questions) Yes No                      If Yes What Type <input type="checkbox"/> <input type="checkbox"/> Was boat adequately equipped with CG Approved Lifesaving Devices <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> <input type="checkbox"/> Were PFD's Accessible <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> Were PFD's Used			FIRE EXTINGUISHERS Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were approved fire extinguishers used (Check Yes or No only if there was a fire)		LIGHTS (Answer All Questions) Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was boat equipped with required lights (If operating after sunset) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were lights used (If operating after sunset)				

<b>WATERCRAFT # 2</b>	OPERATOR (Last, First Middle) ADDRESS: _____ _____		OPERATOR'S DATE OF BIRTH ____/____/____		OPERATOR'S EXPERIENCE (check one from each type)				
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-_____-____ WORK ( ) _____-_____-____		OPERATOR'S AGE _____		This Type of Boat                      Other Types of Boats <input type="checkbox"/> Under 20 hours <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				
	OWNER: (Last, First Middle) ADDRESS: _____ _____		WAS BOAT RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO WAS BOAT COMERCIALY OUTFITTED / GUIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR'S FORMAL INSTRUCTION IN BOATING SAFETY (Check All that Apply)				
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-_____-____ WORK ( ) _____-_____-____		NO. OF PERSONS ON BOARD _____		<input type="checkbox"/> State _____ <input type="checkbox"/> None Certificate Number <input type="checkbox"/> Unknown <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> U.S. Power Squadrons _____ <input type="checkbox"/> American Red Cross _____				
	BOAT NUMBER (State & Number)	BOAT MAKE	BOAT MODEL	MFG HULL IDENTIFICATION NO.	BOAT NAME				
TYPE OF BOAT (Check One) <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Raft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Other <input type="checkbox"/> Auxiliary Sail _____ <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Rowboat (non-motorized) <input type="checkbox"/> Canoe / Kayak <input type="checkbox"/> Personal Watercraft (jet ski) <input type="checkbox"/> Pontoon		HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass (plastic) <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Rubber (Vinyl) <input type="checkbox"/> Other (Specify) _____		ENGINE (check one) <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Water Jet <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____		BOAT DATA (Propulsion) Number of Engines _____ Make of Engine(s) _____ Horsepower (total) _____ Year Built (Engine) _____		BOAT DATA (Construction) Length _____ Feet _____ Inches Year Built _____ (Boat)	
PERSONAL FLOTATION DEVICES (Answer All Questions) Yes No                      If Yes What Type <input type="checkbox"/> <input type="checkbox"/> Was boat adequately equipped with CG Approved Lifesaving Devices <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> <input type="checkbox"/> Were PFD's Accessible <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> Were PFD's Used			FIRE EXTINGUISHERS Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were approved fire extinguishers used (Check Yes or No only if there was a fire)		LIGHTS (Answer All Questions) Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was boat equipped with required lights (If operating after sunset) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were lights used (If operating after sunset)				

<b>ACCIDENT DESCRIPTION</b>	<b>OPERATON AT TIME OF ACCIDENT</b> <i>(Check all that apply for each Watercraft)</i> #1 #2 <input type="checkbox"/> Fishing <input type="checkbox"/> Cruising <input type="checkbox"/> Anchored <input type="checkbox"/> Drifting <input type="checkbox"/> Approaching/Leaving Dock <input type="checkbox"/> Tied to Dock <input type="checkbox"/> On Boat Lift <input type="checkbox"/> Fueling <input type="checkbox"/> Water Sports (Skiing etc.) <input type="checkbox"/> Towing a Boat <input type="checkbox"/> Being Towed by Another Boat <input type="checkbox"/> Racing <input type="checkbox"/> Hunting <input type="checkbox"/> Scuba Diving or Swimming <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Other (Specify)	<b>WHAT CONTRIBUTED TO THE ACCIDENT</b> <i>(Check All That Apply)</i> <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Improper Loading <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Overloading <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Alcohol / Drug Use		<b>OPERATORS CONDITION</b> <i>(Check for each operator)</i> #1 #2 <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Hadn't been drinking <input type="checkbox"/> Unknown <input type="checkbox"/> Other 1) 0. BAC 2) 0. BAC	<b>WEATHER</b> <i>(Check One Only)</i> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow
	<b>WATER CONDITIONS</b> <input type="checkbox"/> Calm (Waves less than 6") <input type="checkbox"/> Choppy (Waves 6" to 2') <input type="checkbox"/> Rough (Waves 2' to 6') <input type="checkbox"/> Very Rough (Greater than 6') <input type="checkbox"/> Strong Current		<b>Temperatures</b> Air _____ °F Water _____ °F	<b>WIND</b> <input type="checkbox"/> None <input type="checkbox"/> Light (0 to 6 mph) <input type="checkbox"/> Moderate (7 to 14 mph) <input type="checkbox"/> Strong (16 to 25 mph) <input type="checkbox"/> Storm (Over 25 mph)	<b>VISIBILITY</b> DAY NIGHT <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>
	<b>DESCRIBE WHAT HAPPENED</b> (Sequence of events. Include failure of equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and / or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				
	<b>TYPE OF ACCIDENT</b> <i>(Check one Only)</i> <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Capsizing <input type="checkbox"/> Collision with floating object <input type="checkbox"/> Grounding <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Flooding <input type="checkbox"/> Hit by boat Propeller <input type="checkbox"/> Sinking <input type="checkbox"/> Hit by boat <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Other <input type="checkbox"/> Fire or Explosion (Other than fuel) <input type="checkbox"/> Collision with watercraft				

<b>VICTIM(S)</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	DATE OF BIRTH _____	LOCATION WHERE VICTIM WAS FOUND _____	<b>WAS VICTIM</b> <i>(Check that Apply)</i> <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Wearing a PFD <input type="checkbox"/> Not Wearing a PFD <input type="checkbox"/> Unknown
		DATE AND TIME OF RECOVERY / / : _____ AM _____ PM <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> NATURE OF INJURY _____ <input type="checkbox"/> DEATH CAUSED BY _____		
	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	DATE OF BIRTH _____	LOCATION WHERE VICTIM WAS FOUND _____	
	DATE AND TIME OF RECOVERY / / : _____ AM _____ PM <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> NATURE OF INJURY _____ <input type="checkbox"/> DEATH CAUSED BY _____			

<b>DAMAGE</b>	<b>ESTIMATE OF DAMAGE</b> Watercraft #1 \$ _____ Watercraft #2 \$ _____ Other Property \$ _____ Total \$ _____	<b>DESCRIPTION OF DAMAGE</b> _____ _____ _____	<b>OTHER PROPERTY OWNER</b> NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
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<b>WITNESSES</b>	<b>WITNESS 1</b> NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ WORK ( ) _____	<b>WITNESS 2</b> NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ WORK ( ) _____
	LOCATION AT TIME OF ACCIDENT _____	

<b>INVESTIGATOR</b>	<b>INVESTIGATOR</b> NAME (Last, First Middle) ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ WORK ( ) _____	<b>INVESTIGATING DEPARTMENT / AGENCY</b> _____
	<b>ACTIONS TAKEN BY INVESTIGATOR</b> _____ _____	
	<b>ARRESTS OR WARNINGS</b> <i>(Last, First Middle)</i> NAME: _____ Statute Number # _____ Ticket Number # _____ NAME: _____ Statute Number # _____ Ticket Number # _____	<b>INVESTIGATOR'S PRINTED NAME / SIGNATURE</b> _____

<b>STATE</b>	<b>NAME OF REVIEWING OFFICE</b> Montana Fish, Wildlife & Parks	<b>REVIEWED BY</b> _____
	Reports should be forwarded to: ENFORCEMENT, MONTANA FISH, WILDLIFE & PARKS, 1420 East 6 <sup>th</sup> Ave, P.O. Box 200701, HELENA, MT 59620-0701	