

Recreational Boating Accident Report

New York State

Form 218/13

Office of Parks, Recreation & Historic Preservation

Any law enforcement officer learning of a boating accident must submit this report to State Parks within 5 days of the incident. The operator/owner of a recreational vessel is required to report in writing whenever an accident results in the loss of life, disappearance, injury requiring treatment beyond first aid, or property damage of one vessel in excess of \$1000. Cases of death or injury shall be reported to the police immediately and to OPRHP within 48 hours. All other reports must be submitted within 5 days.

Mail to OPRHP, Marine Services, Albany, NY 12238; fax to 518-408-1030; or E-Mail to BOATING@PARKS.NY.GOV

REPORT SUBMISSION

CASE NUMBER

Report required because (select all that apply):

- Death/s
If so, how many?
- Injury/ies beyond basic first aid
If so, how many?
- Disappearance/missing person
If so, how many?
- Damage to one person's property > \$1000
- Total Accident Damage? \$
- Total Loss of a vessel

TICKETS ISSUED

Vessel#	Law	Section

Report submitted by (select all that apply):

- Boat Operator (required if possible)
- Boat Owner (if operator unable)
- Law Enforcement Officer
- Other Explain

First name:

Last name:

Agency (law enforcement only):

Phone: - -

ACCIDENT SUMMARY

WHEN

Date: mm/dd/yyyy

Time: : am pm (select one)

ACCIDENT DESCRIPTION

Briefly describe this accident (attach extra pages if necessary):

WHERE

Waterway:

Location (on water):

Latitude (if known): ° m s

Longitude (if known): ° m s

Nearest city/town:

County:

WEATHER

Weather (select one): Clear Cloudy Foggy Hazy Rain Snow Other (describe): <input type="text"/>	Water conditions (select one): Calm <6" Choppy 6" - 2' Rough 2' - 6' Very Rough >6'	Temperature (estimated) Air Temp: <input type="text"/> °F Water Temp: <input type="text"/> °F	It was (select one) Day Night
	Other Water Conditions Strong/swift current? Hazardous waters? (tides, currents, etc) Congested waters?	Wind was (select one): None Light 0 - 12 mph Moderate 12 - 25 mph Strong 25 - 55 mph Stormy > 25 mph	Visibility was (select one) Good Fair Poor

CONTRIBUTING FACTORS (select all that apply)

Was alcohol involved? Yes No

V1	V2	V1	V2	V1	V2	V1	V2
Alcohol use		Hull failure		Nav. Aids Missing/Broken		People not in seat	
Dam/lock		Ignition of fuel/vapor		Navigation rules violation		Restricted vision (fog, etc)	
Drug use		Improper anchoring		Operator inattention		Sharp turn	
Excessive speed		Improper loading		Operator inexperience		Starting in gear	
Failure to vent		Improper lookout		Overloading		Wake/wave	
Hazardous waters		Inadequate nav. lights		Other (describe): <input type="text"/>			
Heavy weather		Language barrier		Other (describe): <input type="text"/>			

Boat Information		V1	V2	Boat Info		V1	V2	Operation		V1	V2
# people on board				Registration #				At anchor Being towed Changing direction Changing speed Cruising Docking/undocking Drifting Launching Racing Rowing/paddling Sailing Tied to dock/mooring Towing another vessel Other (describe)			
# people being towed				Document #							
Rented Vessel				Boat Name:							
Length (feet/inches)				Manufacturer							
Draft (feet/inches)				Model name							
Beam (feet)				Hull Id # V1							
Model Year				Hull Id # V2							
Boat Type		V1	V2	Engine Info		V1	V2				
Airboat				Manufacturer							
Auxiliary sail				Serial Number							
Cabin motorboat				Model Year							
Houseboat				Engine type	V1	V2	Propulsion		V1	V2	
Inflatable				Outboard			Propeller				
Kayak				Sterndrive (I/O)			Sail				
Open motorboat				Inboard			Manual		V1		
Personal Watercraft				None			Water jet		V2		
Pontoon boat				Fuel type	V1	V2	Air thrust		Vessel Activity		
Rowboat				Gasoline			Other (describe)		(All vessels)		
Sail (only)				Diesel					V1	V2	
V1 Other(describe)				Electric			# Engines				
V2 Other(describe)							Total HP				
Hull Material		V1	V2	Safety Equipment Status		V1	V2				
Fiberglass				# Life jackets on board							
Aluminum				# people wearing life jackets							
Wood				# Fire extinguishers on board							
Steel				# Fire extinguishers used							
Rubber/vinyl/canvas				Type of fire extinguishers			CO2				
Plastic							Dry Chemical				
Other							Halon				
Accident Events (Please enter sequential numbers for all events for each vessel)											
		V1	V2			V1	V2	V1			
Capsizing				Person ejected from boat				V2			
Carbon monoxide exposure				Person electrocuted				Machinery/Equipment Failure			
Collision w/commercial boat				Person fell on/within boat					V1	V2	
Collision w/fixed object				Person fell overboard				Aux. equipment			
Collision w/floating object				Person left boat voluntarily				Electrical system			
Coll. w/recreational boat				Person struck by propeller				Engine			
Coll. w/submerged object				Person struck by boat				Fire extinguisher			
Fire/explosion - fuel				Sinking				Fuel system			
Fire/explosion - non-fuel				Sudden medical condition				Onboard lights			
Flooding/swamping				Other (describe):				Radio			
Grounding								Sail/mast			
Mishap of skier, tuber, etc								Seats			
Vessel and Property Damage											
Damage Vessel 1	\$			Damage Vessel 2	\$			Shift			
Other Property Damage	\$			Other Property Damage	\$			Sound signals			
Describe all damage				Describe all damage				Steering			
								Throttle			
								Ventilation			
								Other (describe)			
								V1			
								V2			

PERSONS INVOLVED

Vessel #	Name	Vessel #	Name
Operator	Address	Operator	Address
Owner		Owner	
Injured	City State	Injured	City State
Deceased	Zip Phone	Deceased	Zip Phone
Missing	Date of Birth Age	Missing	Date of Birth Age
Operator Instruction	Operator Using Alcohol?	Operator Instruction	Operator Using Alcohol?
State Internet	Yes No	State Internet	Yes No
USCG Aux. Other	Operator Using Drugs?	USCG Aux. Other	Operator Using Drugs?
US Power Squad. None	Yes No	US Power Squad. None	Yes No
Operator Experience	Operator Arrested for BUI?	Operator Experience	Operator Arrested for BUI?
0 - 10 hrs 100 - 500 hrs	Yes No	0 - 10 hrs 100 - 500 hrs	Yes No
10 - 100 hrs 500+ hrs	BAC? %	10 - 100 hrs 500+ hrs	BAC? %
Was Operator Wearing a PFD?	Yes No	Was Operator Wearing a PFD?	Yes No
Engine Lanyard Used if Equipped	Yes No	Engine Lanyard Used if Equipped	Yes No
Weather Reports Consulted Before Trip?	Yes No	Weather Reports Consulted Before Trip?	Yes No
Vessel #	Name	Vessel #	Name
Owner	Address	Owner	Address
Passenger		Passenger	
Injured	City State	Injured	City State
Deceased	Zip Phone	Deceased	Zip Phone
Missing	Date of Birth Age	Missing	Date of Birth Age
Vessel #	Name	Vessel #	Name
Owner	Address	Owner	Address
Passenger		Passenger	
Injured	City State	Injured	City State
Deceased	Zip Phone	Deceased	Zip Phone
Missing	Date of Birth Age	Missing	Date of Birth Age
Vessel #	Name	Vessel #	Name
Owner	Address	Owner	Address
Passenger		Passenger	
Injured	City State	Injured	City State
Deceased	Zip Phone	Deceased	Zip Phone
Missing	Date of Birth Age	Missing	Date of Birth Age
Vessel #	Name	Vessel #	Name
Owner	Address	Owner	Address
Passenger		Passenger	
Injured	City State	Injured	City State
Deceased	Zip Phone	Deceased	Zip Phone
Missing	Date of Birth Age	Missing	Date of Birth Age

Injury Details (if applicable)

<p>Name _____</p> <p>Treatment beyond first aid? _____ Admitted to hospital? _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of most serious injury (select one):</p> <p>Amputation _____ Dislocation _____</p> <p>Broken/fractured bone _____ Internal organ injury _____</p> <p>Burn _____ Scrape/bruise _____</p> <p>Concussion/brain injury _____ Spinal cord injury _____</p> <p>Cut _____ Sprain/strain _____</p> <p>Other (describe): _____</p> <p>Body part of most serious injury (e.g., head, hip, knee): _____</p>	<p>Name _____</p> <p>Treatment beyond first aid? _____ Admitted to hospital? _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of most serious injury (select one):</p> <p>Amputation _____ Dislocation _____</p> <p>Broken/fractured bone _____ Internal organ injury _____</p> <p>Burn _____ Scrape/bruise _____</p> <p>Concussion/brain injury _____ Spinal cord injury _____</p> <p>Cut _____ Sprain/strain _____</p> <p>Other (describe): _____</p> <p>Body part of most serious injury (e.g., head, hip, knee): _____</p>
---	---

<p>Name _____</p> <p>Treatment beyond first aid? _____ Admitted to hospital? _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of most serious injury (select one):</p> <p>Amputation _____ Dislocation _____</p> <p>Broken/fractured bone _____ Internal organ injury _____</p> <p>Burn _____ Scrape/bruise _____</p> <p>Concussion/brain injury _____ Spinal cord injury _____</p> <p>Cut _____ Sprain/strain _____</p> <p>Other (describe): _____</p> <p>Body part of most serious injury (e.g., head, hip, knee): _____</p>	<p>Name _____</p> <p>Treatment beyond first aid? _____ Admitted to hospital? _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of most serious injury (select one):</p> <p>Amputation _____ Dislocation _____</p> <p>Broken/fractured bone _____ Internal organ injury _____</p> <p>Burn _____ Scrape/bruise _____</p> <p>Concussion/brain injury _____ Spinal cord injury _____</p> <p>Cut _____ Sprain/strain _____</p> <p>Other (describe): _____</p> <p>Body part of most serious injury (e.g., head, hip, knee): _____</p>
---	---

Fatality/Disappearance Details (if applicable)

<p>Name _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of death/disappearance (select one):</p> <p>Death - by drowning _____ Disappeared and not yet recovered _____</p> <p>Death - other (describe): _____</p> <p>Person was wearing lifejacket? YES NO</p>	<p>Name _____</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: _____ (boat, water, etc.)</p> <p>Was struck by a: _____ (boat, prop, etc.)</p> <p>Carbon monoxide poisoning _____ Other (describe): _____</p> <p>Electric shock _____</p> <p>Nature of death/disappearance (select one):</p> <p>Death - by drowning _____ Disappeared and not yet recovered _____</p> <p>Death - other (describe): _____</p> <p>Person was wearing lifejacket? YES NO</p>
---	---

Owner of Other Damaged Property (dock, etc)

Name _____	Address _____
City _____	State _____ Zip _____ Phone _____
Property Damaged: _____	

Signature of Person Completing this Report

Signature _____	Date _____
-----------------	------------