

Recreational Boating Accident Report

New York State

Form 218/18

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									
Depth (feet/inches)				Model name									
Beam (feet)				Hull Id # V1									
Model Year				Hull Id # V2									
Boat Type		V1	V2	Engine Info		V1	V2	Vessel Activity (All vessels) V1 V2 Recreational Commercial (If applicable) V1 V2					
Airboat				Manufacturer									
Auxiliary Sail				Serial Number									
Cabin motorboat				Model Year									
Houseboat				Engine type	V1	V2	Propulsion					V1	V2
Inflatable Boat				Outboard			Propeller						
Open Motorboat				Sterndrive (I/O)			Sail						
Paddlecraft				Inboard			Manual						
Personal Watercraft				Pod Drive			Water jet						
Pontoon Boat				Fuel type	V1	V2	Air thrust						
Rowboat				Gasoline			Other (describe)						
Sail (only)				Diesel			# Engines						
V1 Other(describe)				Electric			Total HP						
V2 Other(describe)				Other									
Hull Material		V1	V2	Safety Equipment Status		V1	V2	Fishing Hunting Making repairs Relaxing Starting engine Tubing Water Skiing White water activity Other (describe)					
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 (select ALL that apply for each vessel)													
		V1	V2			V1	V2	V1	Machinery/Equipment Failure V1 V2 Aux. equipment Electrical system Engine Fire extinguisher Fuel system Onboard lights Radio Sail/mast Seats Shift Sound signals Steering Throttle Ventilation Other (describe)				
		V2											
Capsizing				Person ejected from boat									
Carbon monoxide exposure				Person electrocuted									
Collision w/commercial boat				Person fell on/within boat									
Collision w/fixed object				Person fell overboard									
Collision w/floating object				Person left boat voluntarily									
Coll. w/recreational boat				Person struck by propeller									
Coll. w/submerged object				Person struck by boat									
Fire/explosion - fuel				Sinking									
Fire/explosion - non-fuel				Sudden medical condition									
Flooding/swamping				Other (describe):									
Grounding													
Mishap of skier, tuber, etc													
Vessel and Property Damage													
Damage Vessel 1	\$			Damage Vessel 2	\$								
Other Property Damage	\$			Other Property Damage	\$								
Describe all damage				Describe all damage									
								V1					
								V2					

PERSONS INVOLVED

Vessel #	Name	Vessel #	Name
Operator	Address	Operator	Address
Owner		Owner	
Injured	City	Injured	City
	State		State
Deceased	Zip	Deceased	Zip
	Phone		Phone
Missing	Date of Birth	Missing	Date of Birth
	Age		Age

Operator Instruction	Operator Using Alcohol?	Operator Instruction	Operator Using Alcohol?
State	Internet	State	Internet
USCG Aux.	Other	USCG Aux.	Other
US Power Squad.	None	US Power Squad.	None
Operator Experience	Operator Arrested for BUI?	Operator Experience	Operator Arrested for BUI?
0 - 10 hrs	100 - 500 hrs	0 - 10 hrs	100 - 500 hrs
10 - 100 hrs	500+ hrs	10 - 100 hrs	500+ hrs
	BAC?		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	Injured	City
	State		State
Deceased or Missing	Zip	Deceased or Missing	Zip
	Phone		Phone
Witness	Date of Birth	Witness	Date of Birth
	Age		Age

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Owner	Address	Owner	Address
Passenger		Passenger	
Injured	City	Injured	City
	State		State
Deceased or Missing	Zip	Deceased or Missing	Zip
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Deceased or Missing	Zip	Deceased or Missing	Zip
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	Age		Age

Injury Details (if applicable)

<p>Name</p> <p>Treatment beyond first aid? <input type="checkbox"/> Admitted to hospital? <input type="checkbox"/></p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: <input style="width:150px;" type="text"/> (boat, water, etc.)</p> <p>Was struck by a: <input style="width:150px;" type="text"/> (boat, prop, etc.)</p> <p>Carbon monoxide poisoning <input type="checkbox"/> Other (describe): <input style="width:150px;" type="text"/></p> <p>Electric shock <input type="checkbox"/></p> <p>Nature of most serious injury (select one):</p> <p>Amputation <input type="checkbox"/> Dislocation <input type="checkbox"/></p> <p>Broken/fractured bone <input type="checkbox"/> Internal organ injury <input type="checkbox"/></p> <p>Burn <input type="checkbox"/> Scrape/bruise <input type="checkbox"/></p> <p>Concussion/brain injury <input type="checkbox"/> Spinal cord injury <input type="checkbox"/></p> <p>Cut <input type="checkbox"/> Sprain/strain <input type="checkbox"/></p> <p>Other (describe): <input style="width:150px;" type="text"/></p> <p>Body part of most serious injury (e.g., head, hip, knee): <input style="width:150px;" type="text"/></p>	<p>Name</p> <p>Treatment beyond first aid? <input type="checkbox"/> Admitted to hospital? <input type="checkbox"/></p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: <input style="width:150px;" type="text"/> (boat, water, etc.)</p> <p>Was struck by a: <input style="width:150px;" type="text"/> (boat, prop, etc.)</p> <p>Carbon monoxide poisoning <input type="checkbox"/> Other (describe): <input style="width:150px;" type="text"/></p> <p>Electric shock <input type="checkbox"/></p> <p>Nature of most serious injury (select one):</p> <p>Amputation <input type="checkbox"/> Dislocation <input type="checkbox"/></p> <p>Broken/fractured bone <input type="checkbox"/> Internal organ injury <input type="checkbox"/></p> <p>Burn <input type="checkbox"/> Scrape/bruise <input type="checkbox"/></p> <p>Concussion/brain injury <input type="checkbox"/> Spinal cord injury <input type="checkbox"/></p> <p>Cut <input type="checkbox"/> Sprain/strain <input type="checkbox"/></p> <p>Other (describe): <input style="width:150px;" type="text"/></p> <p>Body part of most serious injury (e.g., head, hip, knee): <input style="width:150px;" type="text"/></p>
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Fatality/Disappearance Details (if applicable)

<p>Name</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: <input style="width:150px;" type="text"/> (boat, water, etc.)</p> <p>Was struck by a: <input style="width:150px;" type="text"/> (boat, prop, etc.)</p> <p>Carbon monoxide poisoning <input type="checkbox"/> Other (describe): <input style="width:150px;" type="text"/></p> <p>Electric shock <input type="checkbox"/></p> <p>Nature of death/disappearance (select one):</p> <p>Death - by drowning <input type="checkbox"/> Disappeared and not yet recovered <input type="checkbox"/></p> <p>Death - other (describe): <input style="width:150px;" type="text"/></p> <p>Person was wearing lifejacket? YES NO</p>	<p>Name</p> <p>Cause of Injury (select all that apply):</p> <p>Struck the: <input style="width:150px;" type="text"/> (boat, water, etc.)</p> <p>Was struck by a: <input style="width:150px;" type="text"/> (boat, prop, etc.)</p> <p>Carbon monoxide poisoning <input type="checkbox"/> Other (describe): <input style="width:150px;" type="text"/></p> <p>Electric shock <input type="checkbox"/></p> <p>Nature of death/disappearance (select one):</p> <p>Death - by drowning <input type="checkbox"/> Disappeared and not yet recovered <input type="checkbox"/></p> <p>Death - other (describe): <input style="width:150px;" type="text"/></p> <p>Person was wearing lifejacket? YES NO</p>
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Owner of Other Damaged Property (dock, etc)

Name	Address		
City	State	Zip	Phone
Property Damaged:			

Signature of Person Completing this Report

Signature	Date
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