NOTE: each boat operator/owner involved in an accident should submit a separate report.
Estimated report form completion time: 30 min
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

REPORT SUBMISSION

Report required because (select all that apply):

☐ At least one person in this accident died:
   If so, how many?

☐ At least one injured person in this accident required or was in need of treatment beyond first aid: If so, how many?

☐ At least one person in this accident disappeared and has not yet been recovered:
   If so, how many?

☐ All boat and other property damage (e.g., fishing/hunting gear) caused by this accident totaled (or likely totaled) $2,000 or more:
   Approximate value of damage to your boat: $
   Approximate value of damage to your other property: $

☐ Your or another boat in this accident was (or likely was) a total loss

Report submitted by (select all that apply):

☐ Boat Operator (required if possible)
☐ Boat Owner (if operator unable, or same as operator)
☐ Other (describe):

First name: __________________________ Last name: __________________________
Phone: ________________________________

To be submitted within:
48 hours (if injury, disappearance or death)
10 days (if boat/property damage only)

To be submitted to:
(Local State Reporting Authority)
Phone: (_________)

You may submit any comments concerning the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

ACCIDENT SUMMARY

WHEN

Date: __________ mm/dd/yy
Time: __________:__ am  __________:__ pm  (select one)

WHERE

Body of water name: __________________________
Location (on water) description: __________________________
Nearest city/town: __________________________
County: __________________________
State: __________________________

Your boat - people

# people on board (including operator): __________
# people being towed (e.g., on tubes, skis): __________
# people wearing lifejackets (on board or towed): __________

Other boats involved in accident

# of other boats involved: __________

Accident description

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

Damage to your boat

Briefly summarize any damage to your boat:

Damage to your other property (not boat)

Briefly summarize any damage to your other property (not boat):
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### BOAT IDENTIFICATION

| Your boat name: | Manufacturer: |
| Model name: | Model year: |
| Registration #: | Documentation #: |
| Hull Identification # (HIN): | |
| Rented: | Yes | No |

### SIZE ESTIMATES

| Length: | ft. |
| Depth from transom (stern) to keel (bottommost point): | ft. in. |
| Beam width at widest point: | ft. |

### HULL MATERIAL

**Type of hull material (select one):**
- Fiberglass
- Wood
- Rubber/vinyl/canvas
- Aluminum
- Steel
- Plastic
- Other (describe): 

### BOAT TYPE

**Boat type (select one):**
- Cabin motorboat
- Open motorboat
- Auxiliary sail
- Pontoon boat
- Inflatable
- Houseboat
- Sail (only)
- Kayak

**Available propulsion (select all that apply):**
- Propeller
- Air thrust
- Sail
- Manual
- Water jet

### ENGINE

**# engines:**

**Engine type and horsepower (select one):**
- Outboard
- Sterndrive (I/O)
- Inboard
- None

**Total horsepower:** hp

**Fuel type (select all that apply):**
- Gasoline
- Electric
- Diesel

### SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

- Federal Agency (Name):
- US Coast Guard Auxiliary: VSC Decal? Yes | No
- US Power Squadrons: VSC Decal? Yes | No
- Other Agency (Name):

# Life jackets on board: | # Fire extinguishers on board: | Type of fire extinguishers (e.g., ABC):

# Fire extinguishers used: | Amount of fire extinguisher used:

### ACCIDENT DETAILS - EXTERNAL CONDITIONS

#### WEATHER

**Overall weather was (select one):**
- Clear
- Raining
- Cloudy
- Snowing
- Foggy
- Hazy
- Other (describe):

**Visibility was (select one):**
- Day
- Night
- Fair
- Poor

**Wind was (select one):**
- 0 mph (none)
- Over 0, up to 12 mph (light)
- Over 12, up to 25 mph (moderate)
- Over 25, up to 55 mph (strong)
- Over 55 mph (stormy)

#### WATER

**Overall water conditions (select one):**
- Up to 6 in. waves (calm)
- Over 6 in., up to 2 ft. waves (choppy)
- Over 2 ft., up to 6 ft waves (rough)
- Over 6 ft. waves (very rough)

**Other water conditions:**
- Approximate water temperature: °F
- Strong current?
- Hazardous waters? (e.g., rapid tidal flow, currents)
- Congested waters?
### ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT

**OPERATOR/PASSENGER ACTIVITIES**

Operator/passenger activities on your boat at time of accident:

- Activities were (select one):
  - Recreational
  - Commercial

- Operator/passenger activities (select all that apply):
  - Fishing
  - Tubing
  - Starting engine
  - Other (list):
  - Other (list):
  - Hunting
  - Water Skiing
  - Making repairs
  - White water activity (e.g., rafting)
  - Relaxing

**BOAT OPERATIONS**

Your boat operations at time of accident (select all that apply):

- Cruising (underway under power)
- Drifting
- Racing
- Towing another vessel
- Changing direction
- At anchor
- Rowing/paddling
- Launching
- Changing speed
- Being towed
- Tied to dock/mooring
- Docking/undocking
- Sailing
- Other (list): 

### ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT

**CONTRIBUTING FACTORS**

Indicate factors on your boat which may have contributed to this accident (select all that apply):

- Alcohol use
- Operator inattention
- Hazardous waters
- Restricted vision (e.g., fog)
- Drug use
- Operator inexperience
- Heavy weather
- Missing/inadequate aids to navigation (e.g., buoy, daymarker)
- Excessive speed
- Language barrier
- Hull failure
- Inadequate on-board navigation lights
- Improper anchoring
- Navigation rules violation
- Ignition of fuel or vapor
- People on gunwale, bow or transom
- Improper loading
- Failure to vent
- Starting in gear
- Other (describe):
- Improper lookout
- Force of wake/wave
- Sharp turn

### ACCIDENT DETAILS - YOUR BOAT

**MACHINERY/EQUIPMENT FAILURE**

Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):

- Engine
- Sail/mast
- Steering
- Radio
- Fire extinguisher
- Electrical system
- Onboard lights
- Throttle
- Auxiliary equipment
- Ventilation
- Fuel system
- Seats
- Shift
- Sound equipment (e.g., horn, whistle)
- Onboard navigation aids (e.g., GPS, Loran)
- Other (list):

### ACCIDENT DETAILS - EVENTS ON YOUR BOAT

**ACCIDENT EVENTS**

Types of events occurring to/on your boat during accident (select all that apply):

- Collision with recreational boat
- Flooding/swamping
- Person fell overboard
- Collision with commercial boat (e.g., tug, barge)
- Fire/explosion - fuel
- Person fell on/within boat
- Collision with fixed object (e.g., dock, bridge)
- Fire/explosion - non-fuel
- Sudden medical condition
- Collision with submerged object (e.g., stump, cable)
- Carbon monoxide exposure
- Person struck by boat
- Collision with floating object (e.g., log, buoy)
- Mishap of skier, tuber, wakeboarder, etc.
- Person struck by propeller or propulsion unit
- Capsizing
- Person left boat voluntarily
- Person electrocuted
- Grounding
- Person ejected from boat (caused by collision or maneuver)
- Sinking
- Other (describe):
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### ACCIDENT DETAILS - YOUR BOAT - INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by your boat, receiving or in need of treatment beyond first aid. Do not report injured people on, struck by, or being towed by another boat or no boat (e.g., swimmers, people on a dock). If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

#### INJURED PERSON

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#### INJURY DETAILS

**Injury caused when person** (select all that apply):

- [ ] Struck the: [ ]
  - (e.g., boat, water)
- [ ] Was struck by a: [ ]
  - (e.g., boat, propeller)
- [ ] Was exposed to carbon monoxide poisoning
- [ ] Received an electric shock
- [ ] Other (describe):

**Nature of most serious injury** (select one):

- [ ] Scraper/bruise
- [ ] Dislocation
- [ ] Cut
- [ ] Internal organ injury
- [ ] Sprain/strain
- [ ] Amputation
- [ ] Concussion/brain injury
- [ ] Burn
- [ ] Spinal cord injury
- [ ] Other (describe):
- [ ] Broken/fractured bone

**Person was wearing lifejacket?**

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**Person received treatment beyond first aid?**

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**Person was admitted to a hospital?**

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### ACCIDENT DETAILS - YOUR BOAT - DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed by your boat. If more than one death/disappearance to report, attach additional copies of this page. If none, SKIP DEATHS/DISAPPEARANCES section.

#### PERSON WHO DIED/DISAPPEARED

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#### DETAILS OF DEATH/DISAPPEARANCE

**Injury caused when person** (select all that apply):

- [ ] Struck the: [ ]
  - (e.g., boat, water)
- [ ] Was struck by a: [ ]
  - (e.g., boat, propeller)
- [ ] Was exposed to carbon monoxide poisoning
- [ ] Received an electric shock
- [ ] Other (describe):

**Nature of death/disappearance** (select one):

- [ ] Death - by drowning
- [ ] Death - other likely cause (describe):
- [ ] Disappeared and not yet recovered

**Person was wearing lifejacket?**

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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**OPERATOR INSTRUCTION**

Boating safety instruction completed (select all that apply):
- None
- State course
- USCG Auxiliary course
- US Power Squadrongs course
- Internet (name of sponsoring organization): [ ]
- Other (describe): [ ]

**OPERATOR SAFETY MEASURES**

On board, prior to accident, was operator wearing:
- A lifejacket? [ ] Yes [ ] No
- An engine cut-off switch (Lanyard or wireless device) if equipped? [ ] Yes [ ] No

On board, prior to accident, was operator using:
- Alcohol? [ ] Yes [ ] No
- Drugs? [ ] Yes [ ] No

**OPERATOR EXPERIENCE**

Experience operating this type of boat (select one):
- 0 to 10 hours
- Over 10, up to 50 hours
- Over 100, up to 500 hours
- Over 500 hours

Operator arrested for Boating Under the Influence? [ ] Yes [ ] No

Weather reports consulted prior to accident? [ ] Yes [ ] No

**ACCIDENT DETAILS - OTHER KEY PEOPLE**

Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat.

If more than two other key people to report, attach additional copies of this page.

**NAME/ADDRESS**

This other key person was a(n) (select all that apply):
- Other boat operator
- Other boat owner
- Owner of other damaged property
- Passenger on your boat
- Witness

First: [ ] MI: [ ] Last: [ ]

Street: [ ]

City: [ ] State: [ ] Zip: [ ]

Other boat name (if any): [ ]

Other boat registration # (if any): [ ]

**NAME/ADDRESS**

This other key person was a(n) (select all that apply):
- Other boat operator
- Other boat owner
- Owner of other damaged property
- Passenger on your boat
- Witness

First: [ ] MI: [ ] Last: [ ]

Street: [ ]

City: [ ] State: [ ] Zip: [ ]

Other boat name (if any): [ ]

Other boat registration # (if any): [ ]

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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**YOUR BOAT OPERATOR**

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**YOUR BOAT OWNER**

If same as your boat operator, SKIP rest of YOUR BOAT OWNER section.

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**PERSON SUBMITTING THIS REPORT**

If same as your boat operator OR owner, SKIP rest of PERSON SUBMITTING THIS REPORT section.

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I was a(n) (select one):
- [ ] Other person on board this boat
- [ ] Accident witness not on board this boat
- [ ] Other (describe): 

**SIGNATURE OF PERSON SUBMITTING THIS REPORT**

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