UTAH BOATING ACCIDENT REPORT

UTAH DIVISION OF OUTDOOR RECREATION BOATING PROGRAM

Per Utah Code 73-18-13 and Rule: R650-223-3, notify the nearest state ranger or other law enforcement officer of an accident that involves a vessel or its equipment when one of the following occurs: a person dies or disappears from a vessel under circumstances that indicate death; a person is injured and receives medical treatment beyond first aid; or property is damaged in excess of $2,000. The operator, owner, or other person on board shall submit a completed and signed Owner/Operator Boating Accident Report to the division within 10 days of the accident. Reports are to be submitted to Utah Division of Outdoor Recreation's Boating Program at 1594 W. North Temple, Salt Lake City, Utah, 84114, (801) 538-7361.

DATE OF ACCIDENT (M/D/Y)	TIME OF ACCIDENT ☐ AM ☐ PM	COUNTY	STATE	BODY OF WATER	NEAREST CITY OR TOWN

LOCATION ON WATER	GPS COORDINATES WHERE ACCIDENT OCCURRED

# INJURED	# DEAD	TOTAL DAMAGE FOR ALL BOAT $$	LAW ENFORCEMENT ON ACCIDENT SCENE? ☐ YES ☐ NO	AGENCY NAME

TEMPERATURE
WATER AIR

WEATHER (CHECK ALL THAT APPLY)
☐ CLEAR
☐ CLOUDY
☐ FOG
☐ RAIN
☐ SNOW
☐ HAZY

WATER CONDITIONS
☐ CALM (Waves less than 6")
☐ CHOPPY (Waves 6"-2')
☐ ROUGH (Waves 2'-6')
☐ VERY ROUGH (Waves >6')

WIND CONDITIONS
☐ NONE
☐ LIGHT (0-6 MPH)
☐ MODERATE (7-14 MPH)
☐ STRONG (15-25 MPH)
☐ STORM (OVER 25 MPH)

WEATHER FORECAST CHECKED? ☐ YES ☐ NO

WEATHER FORECAST TAKEN INTO CONSIDERATION?

BEFORE VOYAGE	☐ YES	☐ NO
DURING VOYAGE	☐ YES	☐ NO
AFTER VOYAGE	☐ YES	☐ NO

VISIBILITY
☐ GOOD ☐ FAIR ☐ POOR

STRONG CURRENT
☐ YES ☐ NO

TYPE OF ACCIDENT (CHECK ALL THAT APPLY)
☐ CAPSIZING
☐ COLLISION WITH VESSEL
☐ COLLISION WITH FIXED OBJECT
☐ COLLISION WITH FLOATING OBJECT
☐ FALL OVERBOARD
☐ FALL IN BOAT
☐ GROUNDING
☐ FIRE/EXPLOSION (fuel)
☐ FIRE/EXPLOSION (other than fuel)
☐ FLOODING/SWAMPING
☐ SINKING
☐ STRUCK BY BOAT/PROPELLER
☐ SKIER MISHAP
☐ OTHER: _____

CAUSE OF ACCIDENT (CHECK ALL THAT APPLY)
#1 #2 (See back of sheet for vessel number)
☐ ☐ IMPROPER LOOKOUT/INATTENTION
☐ ☐ OPERATOR INEXPERIENCE
☐ ☐ EXCESSIVE SPEED
☐ ☐ MACHINERY FAILURE
☐ ☐ IMPROPER LOADING
☐ ☐ OVERLOADING
☐ ☐ EQUIPMENT FAILURE (DESCRIBE):
☐ ☐ HAZARDOUS WEATHER/WATER
☐ ☐ RESTRICTED VISION
☐ ☐ IGNITION OF SPILLED FUEL/VAPOR
☐ ☐ IMPROPER ANCHORING
☐ ☐ OFF-THROTTLE STEERING INABILITY
☐ ☐ FAILURE TO VENT
☐ ☐ OTHER: _____

ACTIVITY AT TIME OF ACCIDENT
#1 #2 (See back of sheet for vessel number)
☐ ☐ WATER SKIING
☐ ☐ WAKE BOARDING
☐ ☐ TUBING
☐ ☐ FISHING
☐ ☐ RACING
☐ ☐ WHITEWATER ACTIVITY
☐ ☐ FUELING
☐ ☐ HUNTING
☐ ☐ OTHER: _____

DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT

(Use sketch if helpful. Explain the cause of death or injury, medical treatment, etc. If needed, continue description on additional paper.)

OTHER PROPERTY

(Damage to items other than vessels)

ESTIMATED DAMAGE $$ ☐ NONE

OWNER'S NAME	ADDRESS	STATE	ZIP	PHONE	NOTIFIED ☐ YES ☐ NO

VICTIM OR WITNESS INFORMATION

VICTIM/WITNESS NAME/ADDRESS/PHONE	VICITM/WITNESS STATUS	RIDING IN VESSEL #	DATE OF BIRTH/AGE	INJURY DESCRIPTION	CAUSE OF DEATH	COULD VICTIM SWIM?	LIFE JACKET WORN?
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO

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INFORMATION: OPERATOR #1

OPERATOR NAME, ADDRESS, PHONE #

IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE
- ☐ UNDER 10 HOURS
- ☐ 10 TO 100 HOURS
- ☐ OVER 100 HOURS

OPERATOR EDUCATION
- ☐ AMERICAN RED CROSS
- ☐ USCG AUXILARY
- ☐ US POWER SQUADRON
- ☐ STATE COURSE
- ☐ INFORMAL
- ☐ NONE
- ☐ OTHER: _____

AGE

MARINA/RAMP LAUNCHED FROM:

INFORMATION: VESSEL #1 *(YOUR VESSEL)*

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT ☐ YES ☐ NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED

BOAT NUMBER (UT OR DOC #)	MFR. HULL ID #	BOAT NAME	DEPTH (TRANS. TO KEEL)	BEAM WIDTH	LENGTH

BOAT MANUFACTURER	BOAT MODEL	YEAR BUILT	SPEED AT TIME OF ACCIDENT _____MPH	# OF ENGINES	HORSE POWER

ACTIVITY
- ☐ RECREATIONAL
- ☐ COMMERCIAL
- ☐ OTHER

FIRE EXTINGUISHER ON BOARD ☐ YES ☐ NO

TYPE OF FIRE EXTINGUISHER

ONBOARD

FIRE EXTINGUISHER USED ☐ YES ☐ NO

LIFE JACKETS ON BOARD ☐ YES ☐ NO

LIFE JACKETS ACCESSIBLE ☐ YES ☐ NO

LIFE JACKETS WORN ☐ YES ☐ NO

TYPE OF BOAT
- ☐ OPEN MOTORBOAT
- ☐ CABIN MOTORBOAT
- ☐ PERSONAL WATERCRAFT
- ☐ HOUSEBOAT
- ☐ PONTOON
- ☐ INFLATABLE
- ☐ SAILBOAT (aux. engine)
- ☐ SAILBOAT (sail only)
- ☐ CANOE/KAYAK
- ☐ RAFT
- ☐ ROWBOAT
- ☐ AIRBOAT
- ☐ OTHER (specify)

HULL MATERIAL
- ☐ WOOD
- ☐ ALUMINUM
- ☐ FIBERGLASS
- ☐ PLASTIC
- ☐ RUBBER/VINYL/CANVAS
- ☐ STEEL
- ☐ OTHER (specify) _____

PROPULSION (select all that apply)
- ☐ PROPELLER
- ☐ SAIL
- ☐ MANUAL
- ☐ WATER JET
- ☐ AIR THRUST
- ☐ OTHER (describe) _____

ENGINE TYPE (select one)
- ☐ OUTBOARD
- ☐ STERNDRIVE (I/O)
- ☐ INBOARD
- ☐ POD DRIVE
- ☐ NONE
- ☐ OTHER: _____

TOTAL HORSEPOWER: _____ HP

OPERATION AT TIME OF ACCIDENT
- ☐ CRUISING
- ☐ CHANGING DIRECTION
- ☐ CHANGING SPEED
- ☐ TOWING SKIER/TUBER
- ☐ TOWING SKIER - SKIER DOWN
- ☐ TOWING ANOTHER VESSEL
- ☐ BEING TOWED BY ANOTHER VESSEL
- ☐ DRIFTING
- ☐ AT ANCHOR
- ☐ TIED TO DOCK
- ☐ LAUNCHING
- ☐ DOCKING/LEAVING DOCK
- ☐ SAILING
- ☐ OTHER (specify) _____

TYPE OF FUEL
- ☐ GAS
- ☐ DIESEL
- ☐ ELECTRIC
- ☐ OTHER: _____

INFORMATION: OPERATOR #2

OPERATOR NAME, ADDRESS, PHONE #

IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE
- ☐ UNDER 10 HOURS
- ☐ 10 TO 100 HOURS
- ☐ OVER 100 HOURS

OPERATOR EDUCATION
- ☐ AMERICAN RED CROSS
- ☐ USCG AUXILARY
- ☐ US POWER SQUADRON
- ☐ STATE COURSE
- ☐ INFORMAL
- ☐ NONE
- ☐ OTHER: _____

AGE

MARINA/RAMP LAUNCHED FROM:

INFORMATION: VESSEL #2 *(OTHER VESSEL INVOLVED)*

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT ☐ YES ☐ NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED

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ONBOARD

FIRE EXTINGUISHER USED ☐ YES ☐ NO

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- ☐ TIED TO DOCK
- ☐ LAUNCHING
- ☐ DOCKING/LEAVING DOCK
- ☐ SAILING
- ☐ OTHER (specify) _____

TYPE OF FUEL
- ☐ GAS
- ☐ DIESEL
- ☐ ELECTRIC
- ☐ OTHER: _____

PERSON COMPLETING THE REPORT

NAME

ADDRESS

PHONE

QUALIFICATION OF PERSON COMPLETING REPORT
- ☐ OPERATOR ☐ OWNER
- ☐ OTHER (specify) _____

SIGNATURE

DATE