BOATING ACCIDENT INVESTIGATION INSTRUCTIONS FOR PRINTING/PICTURE INSERTS

FWCDLE-146

Instructions:

Important note for "Brief Synopsis of Accident Narrative", "Diagram of Accident" and "Accident Description Narrative" field: The text box(es) will **not** expand when you exceed the space provide. The document must be unprotected in order to insert a picture/spell check. To unprotect the document:

- **a.** If there is a button on your toolbar that looks like a padlock, you must depress it (click on it) and then cut and paste the picture/spell check into the box.
- **b.** If there is not a button on your toolbar like that, you must:
 - i. Click "view" on the toolbar.
 - ii. Select toolbars on the menu that drops down.
 - iii. Select "forms" on the next menu that drops down.
 - iv. Now the forms toolbar with the padlock will show up. Depress the padlock and cut and paste your picture/spell check

Important note for "Location of Injury on the Person" diagram:

Simply place an "X" in the general vicinity of the injury. Please print these page(s) in color to distinctively notice the "X".



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION DIVISION OF LAW ENFORCEMENT



FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

FORWARD COPY TO: FWC Boating Safety 620 South Meridian Street							Age	ncy Cas	e Number:					
		620 Sou	th Meridiar	Street										
		Tallahas	see, FL 32	2399-1600		REPORTING	AGENC'	٧٠	☐ FWC		Police	е	☐ Sh	neriff
QUESTIONS	CALL:	(850) 48	8-5600			INLI OINTING	AGLING	١.	☐ FPP		Other	ſ		
Total I	Number: -										stimated			\$
		Fatal	ities	lı	njury Beyor	nd First Aid	I	Missing	Persons	C	amage \$	2000 or	more	•
	•		.,											
General and				T :		otal Vessels/Swin								
Date of Accide						:			Arrived:					mil):
Nearest City:					Boo	ly of Water:					State Wat			Offshore
Exact Location										🗆			est Marke	
Accident Site:	: 🔲 Ba	y/Sound	Inle	et/Pass	Ocear Ocear	n/Gulf	Lake/Pond		Marsh/Swamp	□R	ver/Creek		Port/Harbo	or Canal/Cut
Dootulotod	☐ Idle	Speed		Manatee lo	dle Speed	☐ S	wimming				l atitudo/	l ongitu	da (daci	mal minutes)
Restricted Area:	☐ Slo	w Speed		Manatee S	low Speed	Permit Cod	de:				Latitude	Longitu	ue (ueci	mai minutes)
Alca.	☐ MP	H Limit		Other										
Weather:			Visibility	:	Wa	ter Conditions	s:		Wind:	□ No	ne Te	mperati	ıre:	
☐ Clear	☐ Cloudy		Good			Calm (waves l		3")	Light (0-			Air		° F
Hazy	Rain		☐ Fair	☐ Da	I	Choppy (wave			☐ Moderat	. ,	h)	Water		 ° F
Fog	☐ Thunde	retorm	Poor	Du:	·	Rough (waves	,		Strong (rong Cu	rrent	<u> </u>
(Check	all that Anni	v)	□ 1 001	☐ Nio	ht	Very Rough (Is	arner than	۱6'۱	Storm (c	wer 25 mn	h) -	1 River (Current	☐ Tidal Current
Accident Tyr	You may e	enter a primar	y, secondary a	nd tertiary acc	ident type for ea	Very Rough (la ach vessel/swimmer	by placing a	1, 2, or 3 i	n the appropriate t	oox) (Use boati	ng accident o	continuation	sheet for a	dditional vessels)
V-1	V-2	Ve	ssel/Swim	mer	V-1	V-2	Ves	sel/Swii	mmer	V-1	V-2		Vess	el/Swimmer
		Capsizing	I				Flooding		_			Perso	on Struck	by Vessel
		Carbon M	lonoxide Ex	kposure		_	Groundin	g	_			Sinkir	ng	
		Collision v	w/Fixed Ob	ject			Natural P	henome	ena			Starti	ng Engin	е
		Collis. w/F	Float Obj. c	r Person			Person D	eparts \	/oluntarily			Struc	k Underv	vater Object
		Collision v	with Vessel				Person E	ject fron	n Vessel			Swan	nping	
		Electrical	Shock		'		Person F	alls Ove	erboard			Towe	d Waters	sport Mishap
		Fire/Explo	sion (Fuel))		·	Person In	npacts \	/essel			Vess	el Wake	Damage
		Fire/Explo	sion (Non-	Fuel)		·	Pers. Struc	ck by Pro	p/Water Jet			Other	r:	
What Contrib	outed to the	Acciden	t: (You	may ente	r up to thre	e (3) contributir	ng causes	for eac	h Vessel)			_		
V-1 V-2		Vessel/Sv	`	V-	-		sel/Swim		V-1	V-2		Ves	sel/Swir	nmer
						Hull Failure					perator I			
		ss/Reckles	ss			Ignition of F		r		_	ther:	•		
		sted Water				Improper A	•				verloadir	ng		
	Dam or					Improper L				_	harp Turi	-		
	Drug U			Ē		Lack of Pro	_	S		_	kier or O		vior	
	-	ent Failur	e (Below)	F		Lack of Ves					standing/S	Sitting on	Gunwal	e, Bow or Transom
		ive Speed		F		Machinery			Ē	_	iolation o	-		
		to Vent Fu		Ē		No Proper				_	ision Obs	-		
	Genera				iП	Throttle Ste			_		Veather			
		ous Water			iП	Operator In	•							
Machinery Fa				that failed	for each ve			ment Fa	ailure:		Indicate t	the equir	ment tha	at failed)
V-1 V-2		essel	V-1	V-2		essel	V-1	V-2		ssel			V-2	Vessel
		al System			Steering S				Auxiliary E		_	i		Sail Demasting
		-			Throttle Fa				Communic					Seat Broke Loose
	Fuel Sy				Ventilation				Fire Exting					Sound Producing
	Shift Fa					ng. In Gear			PFD's					Visual Distress
		ack Steerir			Juning Li	.g 00ai						_	_	
	. coaba		·9											

	Type of Boa		# of Engines:		pulsion:		fety Equipment:	
V-1		V-2 Vessel		V-1 V-	-2 Vessel	V-1 V-2	Vessel	
ΙЦ	Airboat	Personal Watercraft	Vessel 1	l ∐ ⊢	Air Thrust		Req. PFD's on board	i
ᅡ닏	Cabin Motorboat	Pontoon Boat			Manual		PFD's accessible	
ᅡ片	Canoe/Kayak	Rowboat (Jon)	Vessel 2 Total HP	l H ⊦	☐ Propeller ☐ Sail	H	Fire Ext. on Board Fire Ext. Used	
ΙH	☐ Houseboat ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Sail-Aux. Power Sail(Only)	I Otal HP		☐ Water Jet	H	Nav. Lights Operation	nal
IН	☐ Open Motorboat ☐	Seaplane	Vessel 1		ingine:	H	Nav. Lights Turned	
	Other:	<u> </u>	V 63361 1		-2 Vessel	HH	Current Safety Exan	
			Vessel 2				Was Vessel:	•
	Hull Material:		Fuel:			V-1 V-2	Vessel	
V-1	V-2 Vessel V-1 V-2	Vessel V-1 V-	2 Vessel		Outboard		Rented	
	Aluminum	Rigid Hull Infl.	Diesel				Borrowed (Not in Ho	isehold)
	☐ Fiberglass ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Rubber/Vinyl		V-1 V-		Ves	ssel	
ᅵ닏		Wood	Gasoline		Sailing			
Ш	Other:	U L	Propane	l Ll L				
	eration at Time of Accident:	(Enter up to 3 for each Vessel)			Wake/Surf J			
V-1		V-1 V-2	Vessel					
ᅵ닏	At Anchor	Cruising		H F	Towing a Bo			
ΙH	Being Towed	Docking/Ur	ndocking		Docked (Mo	orea)		
ΙH	☐ Changing Direction☐ Changing Speed	☐ ☐ Drifting ☐ Launching/	Loading					
Acti	tivity at Time of Accident:	(Enter up to three (3) for e						
V-1			ssel V-1	V-2	Vessel	V-1	V-2 Vess	el
lп	☐ Boat Pulling Tube	☐ ☐ Fueling	,300. 		ecreational Cruisin		☐ Snorkeling	٠.
	Commercial Purpose	☐ ☐ Hunting	Ħ		cuba Diving		☐ Starting En	gine
	☐ Fishing (Recreational)	Making Repai	rs	SI	kiing (Surfing, etc.)		Swimming	
	☐ Fishing (Tournament)	☐ ☐ Racing (Sanc	tioned)	□ Of	ther:			
	Registration or Documentation #	Hull ID Numb	er		Nam	ne of Vessel	Ye	ar
<	Length	Make Model	# of POB	# of Fa	atal # of Inju	red # o	of Skiers Being Tow	ed
Ш		known None	Less than		Federal Definition		ŭ	
	Cotimoted Cased U	KIIOWII INOIIE		io ilipii				
S	Ectimated Speed —	-20 mph			Recreationa	I Comm	nercial 🔲 Gove	ernment
SS	Estimated Speed 10	-20 mph	Over 40 m		Recreationa		nercial	ernment
SSE	Ectimated Speed —	-20 mph	Over 40 m				Status Uninjured	Injured
SS	OPERATOR/SWIMMER INFO	-20 mph	Over 40 m	ph .	Recreationa State Issue	d	Status	
SSE	Estimated Speed 10	-20 mph	Over 40 m		Recreationa	d	Status Uninjured	Injured Fatality
SSE	OPERATOR/SWIMMER INFO	-20 mph	Over 40 m	ph .	State Issue Date of Birt	d U	Status Uninjured Missing ti injury/fatal data shed	Injured Fatality
SSE	OPERATOR/SWIMMER INFO	-20 mph	Over 40 m	ph .	Recreationa State Issue	d U	Status Uninjured Missing tinjury/fatal data sh	Injured Fatality
SSE	OPERATOR/SWIMMER INFO Last Name Street	-20 mph	Over 40 m	MI	State Issue Date of Birt () - Home Phon () -	d U IIII ou require e Estim	Status Uninjured Missing ti injury/fatal data shed	Injured Fatality
SSE	OPERATOR/SWIMMER INFO	-20 mph	Over 40 m	MI	State Issue Date of Birti Home Phone	d U IIII ou require e Estim	Status Uninjured Missing tinjury/fatal data shed uated Damage:	Injured Fatality eet as
SSE	OPERATOR/SWIMMER INFO Last Name Street	-20 mph	Over 40 m	MI	State Issue Date of Birt () - Home Phon () -	d U	Status Uninjured Missing tinjury/fatal data shed uated Damage:	Injured Fatality eet as
SSE	OPERATOR/SWIMMER INFO Last Name Street City	-20 mph	Over 40 m	MI B	State Issue Date of Birti () - Home Phon () - Work Phone BUI Info BA	h Fill ou require e Estim	Status Uninjured	Injured Fatality eet as
SSEL	DPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs	-20 mph	Zip Code ducation ler (Info) State Red (Code)	MI B	Recreationa State Issue Date of Birti () - Home Phon () - Work Phon Bull Info BA Refused Been Drinking	d	Status Uninjured	Injured Fatality eet as
SSEL O	10 OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs Over 100 Hrs Total Hours In This Type Vessel:	-20 mph	Zip Code Zip Code	MI B	Date of Birti () - Home Phone () - Work Phone BUI Info BA Refused Been Drinking Over 100 Hrs	d	Status Uninjured Missing In injury/fatal data shed In injury/fatal data	Injured Fatality eet as
SSEL OR	DPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs	-20 mph	Zip Code Zip Code	MI B	Recreationa State Issue Date of Birti () - Home Phon () - Work Phon Bull Info BA Refused Been Drinking	d	Status Uninjured Missing In injury/fatal data shed In injury/fatal data	Injured Fatality eet as
SSEL OR S	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and	-20 mph	Zip Code Zip Code	MI B	State Issue Date of Birti () - Home Phon () - Work Phon BUI Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in	d	Status Uninjured	Injured Fatality eet as
SSEL OR S	10 OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs Over 100 Hrs Total Hours In This Type Vessel:	-20 mph	Zip Code Zip Code	MI B	Date of Birti () - Home Phone () - Work Phone BUI Info BA Refused Been Drinking Over 100 Hrs	d	Status Uninjured Missing In injury/fatal data shed In injury/fatal data	Injured Fatality eet as
SSEL OR S	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name	-20 mph	Zip Code Zip Code	MI Cross if occupant, u	State Issue Date of Birti () - Home Phon () - Work Phon BUI Info BA Refused Been Drinking Over 100 Hrs use occupant section in	d	Status Uninjured	Injured Fatality eet as
SSEL OR S	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and	-20 mph	Zip Code Zip Code	MI B	State Issue Date of Birt () - Home Phon () - Work Phon BUI Info BA Refused Been Drinking Over 100 Hrs Ise occupant section in	d	Status Uninjured	Injured Fatality eet as
SSEL OR S	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street	-20 mph	Zip Code ducation ner (Info) State ne Red (Compant) or or or coccupant	MI Cross if occupant, u MI Date o	Recreationa State Issue Date of Birti () - Home Phone () - Work Phone Bull Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in Drivers f Birth	d	Status Uninjured	Injured Fatality eet as
SSEL OR SWIMME	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name	-20 mph	Zip Code Zip Code ducation ere (Info) State Red (Info) Red (Info) Occupant Zip Code Insurance	BECross	State Issue Date of Birti () - Home Phone () - Work Phone Bull Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in Drivers f Birth Insurance	d	Status Uninjured	Injured Fatality eet as M F C C C C C C C C C C C C C C C C C
SSEL OR S	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street	-20 mph	Zip Code ducation ner (Info) State ne Red (Compant) or or or coccupant	MI Cross if occupant, u MI Date or Yes No ATA SHEETS	Recreationa State Issue Date of Birti () - Home Phone () - Work Phone Bull Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in Drivers f Birth	d	Status Uninjured	Injured Fatality eet as
SSEL OR SWIMME	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street City NON-FATAL OR UNINJURE	-20 mph	Zip Code Zip Code	MI Cross if occupant, u MI Date or Yes No ATA SHEETS	State Issue Date of Birti () - Home Phone () - Work Phone Bull Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in Drivers f Birth Insurance Gender	d	Status Uninjured	Injured Fatality eet as
SSEL OR SWIMME	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street City NON-FATAL OR UNINJURE Oc1 Name:	-20 mph	Zip Code ducation er (Info) State ne Red (Info) Red (Info) To ror Coccupant Zip Code ATTACH INJURY/FATAL D COR EACH INJURY OR FAT	MI Cross if occupant, u MI Date or Yes No ATA SHEETS	State Issue Date of Birti () - Home Phon () - Work Phon BUI Info BA Refused Been Drinking Over 100 Hrs use occupant section in Drivers f Birth Insurance Gender M F	d	Status Uninjured	Injured Fatality eet as M F C C C C C C C C C C C C C C C C C
SSEL OR SWIMME	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street City NON-FATAL OR UNINJURE! Oc1 Name: Oc2 Name:	-20 mph	Zip Code ducation or or	MI Cross if occupant, u MI Date or Yes No ATA SHEETS	State Issue Date of Birth () - Home Phone () - Work Phone Bull Info BA Refused Been Drinking Over 100 Hrs Isse occupant section in Drivers f Birth Gender M F Gender M F	d	Status Uninjured	Injured Fatality eet as M F d d erson n Swim
SSEL OR SWIMME	OPERATOR/SWIMMER INFO Last Name Street City Operator Experience Under 10 Hrs 10-100 Hrs Over 100 Hrs Total Hours In This Type Vessel: Owner Info: Fill in owner's name and Last Name Street City NON-FATAL OR UNINJURE Oc1 Name:	-20 mph	Zip Code ducation er (Info) State ne Red (Info) Red (Info) To ror Coccupant Zip Code ATTACH INJURY/FATAL D COR EACH INJURY OR FAT	MI Cross if occupant, u MI Date or Yes No ATA SHEETS	State Issue Date of Birti () - Home Phon () - Work Phon BUI Info BA Refused Been Drinking Over 100 Hrs use occupant section in Drivers f Birth Insurance Gender M F	d	Status Uninjured	Injured Fatality eet as M F d d erson n Swim

Agency Case Number:

	Registration or	Documentation #	‡	Hull	ID Number					N	lame of Ves	ssel	Year
٧E	Length		Make Unknown		Model	# of PC			Fatal Federal	# of In	jured on of Vesse	# of Skiers Bein	g Towed
SS	Estimated Speed		10-20 mph	_	1-40 mph		40 mph	ipii		creational			Government
E L	OPERATOR/S	SWIMMER INF	Drivers Li	cense or Bo	ater ID #			_	Sta	te Issued		Uninjured Missing	☐ Injured☐ Fatality
	Last Name		First	Name			MI	_	Dat	te of Birth	Fill	out injury/fatal da	•
	Street							_	Hor	ne Phone		luired timated Damage):
	City			Sta	ate	Zip Co	de	_	(Wo) – ork Phone	<u> </u>	\$	
	·	Experience			tor Education			E	BUI Info	BA		Gender	ПМ
	Under 10 Hrs	10-100 Hrs	S USCG	Aux 🗆	Other (Info)	☐ Sta			Refused		Arrest Drugs	PFD Used	F
9	Total Hours In Th	is Type Vessel:		ler 10 Hrs	None	10-100 Hrs	d Cross		Been Drir Over 100 l		Drugs	Person Can Swin Person Was Ejec	_
₽ I	Owner Info: Fil	I in owner's name an	d address. Check if a	also 🗌 op	perator or	occupant	if occup	ant, us	se occupant	section inj	ury/fatal data	sheet	
WS	Last Name		First Na	me			MI			Orivers Li	cense	State I	ssued
WIMME	Street						Da	ite of	Birth			() <u>–</u> Phone #	
Z	City			State	Zip Code	Insuranc		Yes No	Inc	urance C	'ompony	Polic	
R					(ATTACH INJ	ILIRY/FATAI			^	ender	Person	PFD Used	Person
	NON-FATAL C				EACH INJUR	Y OR FATAL	ITY)		M		Ejected	PFD Osed	Can Swim
	Oan Name		Dhana	()		DOB:							
			- Di	()		DOB: DOB:							
	Oc4 Name:		Phone:	()	_	DOB:							
Dric	ef Synopsis of Acci	donts (Aug	ah affanas insident n	amatica alaasta	for more detailed		Cumanaia fe	1100	· · · · · · · · · · · · · · · · · · ·		Λ.	cident Descript	orol
Dile	er Syriopsis of Acci	dent. (Alla	ch offense incident na	arrative sneets	s for more detailed	a description)	Syriopsis id	0000	G dalabase	use.		Check all that app	
												Boat Found Caps	ized
												Boat Found Uprig	ht Drifting
												Boat Struck by Lig	ghtning
												Carbon Monoxide	
											_	Commercial Vess	
												Hit and Run (left s	
												Parasailing Accid	,
												Runaway Boat	
												Victim Entangled	in Line
												Other:	
Non	n-Vessel Property [)amage: Da	mage excluding the	vessels invo	lved or their cont	tents	☐ Yes		□ No		If yes the e	stimated amount: \$	
	cribe damages prop			. 555010 11110							, 50, 110 0		
		Last:			First	:					MI	: -	
	perty Owner rmation	Street:									() – Phone #	
11110	mation	City				State _	7in (Code				1 110116 #	

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

Page ____ of ___

	If ap	plicable, diagram exact	DIAGRA ly what happened. Show		ACCIDENT ction of boats involve	ed before, during and	after accident.	
			DIAGRA	AM NOT	TO SCALE		Indic	ate North with an Arrow
								T N
Violations:		V	essel Priority: \	/essel#	Stand or	n Vessel#	Give Way	N/A
Vessel#	Violator's Name (Jus		Statute #	Ì	Violation		Type	UBC/Warning #
	Operator						Citation	
							Citation	
	Operator						Warning Pending Citation No action	
	Operator						Warning Pending Citation No action	
	Operator						Warning Pending	
	 Operator						Citation No action Warning Pending	
	Operator						Citation No action Warning Pending	
							Citation	
	Operator leting Report:					<u> </u>	Warning Pending	1
Agency I	Name				District/R	Region —	Officer's Sign	ature
Street					Phone	e #	Print Officer Name	ID#
City			State Zip Co	ode	ORI Nui	mber	Date Compl	eted
Field Supe	ervisor/Reviewer Signature			Print Su	pervisor/Reviewer N	ame	ID #	
Investigative	Time: (Inc	clude total hours for resp	oonse, search & rescue	& investig	ation for officer com	pleting report & offic	ers assisting)	
Boat Hrs.	Land Hrs.	Air Hrs.	Admin. Hrs.	Total Hrs.		Car Miles	Boat Engine Hrs. Air	craft Engine Hrs.
		OO NOT COMPLETE B	ELOW THIS LINE – FV	VC HQ BC	DATING SAFETY RE	EVIEWING AUTHOR	RITY ONLY	
	cident Classification: Statistical use)	Recreational	☐ Commercial		Government	☐ Off-Shore	☐ Non-Reportable	Reportable
Primary Typ		Tertiary Type	Primary Cause	Seco	ondary Cause	Tertiary Cause	Reviewed By	ID#

				OPERATOR DA	ATA				
	OPERATOR INFO	RMATION:	st Name			First Name			
<		La	stivanie			FIISTName		IVII	
E	Street			City			<u> </u>	state Zip Code	
SS	() – Home Phone		() – Work Phone		te of Birth		Race	— Sex: ☐ Male ☐ Female	
ξE								☐ Uninjured	
\vdash	Drivers License		State Issued		Violations		Experience	Status: Injured	
	Instruction:	Alcohol Yes /Drugs: No	Field Yes Sobriety: No	BAC Yes Test: No	% Result] Yes] No PFD:	☐ Yes ☐ Yes ☐ No	
	Location:	/b/ags 140	Cobilety NO	100t. NO	Result	L		□ No □ No □ No □ No □ No	
				VESSEL DAT	Ά				
			also	on board					
	OWNER'S INFORM	IATION:	20			First Name			
		Lastinal	ie			Filst Name		IVII	
	Street			City			S	tate Zip Code	
	Registration or Documenta	ation #	Hull ID Numb	er			Name of Vess	sel Year	
0 R	Length	Make				Dth	Hall Torre	I I I II Matarial	ſ
	Length	Make	Model	Beam		Depth	Hull Type	Hull Material	
SWIMME	Propulsion	Fuel	# of Engine	Total HP	Engine	Maker	Hp Capacity	Person Capacity	
-	Pound Capacity	Total # of Perso	ns on Board	Flame Arrester	V	entilation		Other Equipment	
Z	Safety Exam: PFDs	Current: Yes	□ No KTINGUISHERS	By: FWC SPD			Sheriff HTS	FPP Other VDS	
M E	Yes	No FIRE E	Yes No	Yes	No	LIC	Yes No	Yes No	
Z	Proper Type	Approved		Proper Type		Displayed:		Approved \square	
	Number	Serviceable		Used		Proper Type		Туре	
	Accessible Serviceable	☐ Used ☐ Type:				Serviceable		Serviceable	
				OCCUPANTS	S				
	OCCUPANTS INFOR	OMATION #1:		OOOOI AITT	<u> </u>				
	OCCUPANTS IN ON	La	st Name			First Name		MI	
	Street			City				State Zip Code	
	Date of Birth	Status:	☐ Uninjured Sex	x: Male Female	Rad	ne .	Witness:		
	Alcohol/ Yes	Field Yes	BAC Yes						
	Drugs: No	Sobriety: No	Test:: No	Result Drugs:	☐ No	PFD:	Yes Ejected: No	□ No Swilli. □ No	
	Location:								
	OCCUPANTS INFO	RMATION #2: ${}$	ast Name			First Name)	MI	
7	Street			City				State Zip Code	
NUMB		Status:	Uninjured Sex	. Male			\Mitnaga:	∕es	
Z	Date of Birth Alcohol/	_	☐ Injured BAC ☐ Yes		Rac	ce	⊔ !	No No Yes Yes	
В	Alcohol/	Field ☐ Yes Sobriety: ☐ No	Test:: No	Result Drugs:	☐ No	PFD:		□ No Swim: □ No	
ER	Location:								
~	OCCUPANTS INFO	RMATION #3:	ast Name			First Name	-		
			astivanie			Tilotivaliid			
	Street		☐ Uninjured So	City _y . ☐ Male				State Zip Code ∕es □ Yes	
	Date of Birth		☐ Injured Sex	Female	Rac	ce	Witness:	lnstruction: No	
	Alcohol/ ☐ Yes Drugs: ☐ No	Field ☐ Yes Sobriety: ☐ No	BAC Yes _ Test:: No	——————————————————————————————————————	☐ Yes ☐ No	PFD:		☐ Yes ☐ Yes ☐ No ☐ No	
	Location:	Cobilety. NO	100ti LJ N0	Result	□ INO	Ш	INU	□ No □ No	

				OPERATOR D	ATA			
<	OPERATOR INFOR	RMATION: Last 1	Name			First Name		
ESSE	Street () - Home Phone	() – Work Phone	City	ate of Birth		Race	State Zip Code Male Sex: Female Uninjured
E	Drivers License Instruction: Yes Location: No	Alcohol Yes /Drugs: No	State Issued Field Yes Sobriety: No	BAC Yes Test: No	Violations % Result		Experience Yes PFD: No Ej	Status:
				VESSEL DA	ГА			
	OWNER!O INFORM	Check if als	so	on board				
	OWNER'S INFORMA	Last Name				First Name		MI
	Street			City				State Zip Code
0	Registration or Documentation	on#	Hull ID Numbe	er			Name of Vess	Sel Year
R	Length	Make	Model	Beam		Depth	Hull Type	Hull Material
SWIMME	Propulsion	Fuel	# of Engine	Total HP	Engine	Maker	Hp Capacity	Person Capacity
/ I N	Pound Capacity	Total # of Persons		Flame Arrester		entilation		Other Equipment
N N	Safety Exam: (Current: Yes FIRE EXT	□ No INGUISHERS	By: FWC SPD			Sheriff SHTS	FPP Other VDS
IER	Yes Proper Type □ Number □ Accessible □	No Approved Serviceable Used	Yes No	Proper Type Used		Displayed: Proper Type Serviceable	Yes No	Yes No Approved □ □ Type □ □ Serviceable □ □
	Serviceable	☐ Type:				CCIVIOCUDIC		Used
				OCCUPANT	S			
	OCCUPANTS INFORM	MATION #1: Last N	Name			First Name		MI
	Street	Status:	Uninjured Sex	City Male			Witness:	
	Date of Birth Alcohol/	Field Yes	☐ Injured Sex	☐ Female	Rac Yes	e		NO
			Test:: No	Result Drugs:	□ No	PFD:		No Swim: No
	OCCUPANTS INFOR	MATION #2: Las	t Name			First Name)	
NUM	Street		Uninjured Sex	City			Witness:	State Zip Code Yes
M	Date of Birth Alcohol/	L Field □ Yes	Injured BAC □ Yes _	Female N Drugs:	Rac	DED. 1	∐ ſ Yes _:tt.	NO ☐ NO ☐ Yes ☐ Yes
BEF	Drugs: No S	Sobriety: No	Test:: No	Result Diugs.	□ No	PFD: 1	No Ejecieu.	□ No Swim: □ No
R	OCCUPANTS INFOR	MATION #3: Las	t Name			First Name)	MI
	Street			City				State Zip Code
	 Date of Birth	———— Status:	☐ Uninjured Sex☐ Injured	∷ ☐ Male ☐ Female	Rac	e	Witness:	Inetriction:
	Alcohol/	Field Yes	BAC Yes _ Test:: No	% Drugs:	—	PFD:	Yes Finatod:	

	ACCIDENT DESCRIPTION NARRATIVE
DESCRIBE WHAT HAPPENED	(Sequence of events. Include failure of equipment. 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 PFDs or fire extinguishers.)

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

	ACCIDENT DESCRIPTION NARRATIVE
DESCRIBE WHAT HAPPENED	(Sequence of events. Include failure of equipment. 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 PFDs or fire extinguishers.)

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

Agency Case Number:

	Г. <i>г</i>	☐ Injured ☐ Missi	ing (Bo	dy not l	ocated) Victim	☐ Can Swim	□ 0	ccupant	☐ Operator	· Sw	vimmer
< ⊢	Гуре:	☐ Fatality ☐ Perso	on Was	Ejecte	d Info.:	Can Not Swim	□ 0	n Shore/Dock	Skier	Gender:	
E											☐ Female
S	Las	st Name		First N	lame	MI		Date of Bi	rth	Treatment:	
S	Stre	oot .						() ·	<u>-</u>	☐ I reatmen ☐ First Aid	t-Medical Facility
E	Suc	CCI						()	-	Refused	
ľ	City	V			State	Zip Code		Work Pho	ne		
I	njury	Caused By:	Prima	ary & S	econdary Injury	PFD Types Used:		6	3		\bigcirc
		Impact with Boat	Р	S			□ V	1	5	,	TT
		Impact with Water			Amputation	□ II □ IV		ALI	\mathcal{M}	R	ADL
		Impact with Fixed Object			Back Injury	☐ Non-Inflatable		H17	FA	\mathcal{M}	11964
		Impact with Floating Object			Broken Bone(s)	☐ Inflatable		MM	MM	Wr	AAM
$\overline{}$		Struck by Boat			Burn(s)	Physical Condition:		Test \	Two Two	Ten \	T with
r - I		Propeller or Skeg			Contusion(s)	☐ Handicapped		H	H	+	11
ဟ		Other:			Dislocation(s)	☐ Inf. Alc./Drug		()	М	(10
Š					Head Injury	Normal		M	Щ	}=	1 H
\exists	/ictim	Activity:			Hypothermia	Sick/ill		IJ	U	L	3 62
SWIMME	片	Cruising	片		Internal Injury(ies) Laceration(s)	Other:			Injury/Fat	al Synopsis	
≤		Fishing Hunting	H		Neck Injury	Unknown					
\mathbb{Z}		PWC Cruising			Shock	Death Caused By:					
		Scuba Diving			Spinal Injury	Drowning					
		Snorkeling			Sprain/Strain	Hypothermia					
		Swimming	Ш	Ш	Teeth/Jaw	☐ Trauma ☐ Other:					
		Water-skiing Other:				☐ Other.					
1 I	1 1										
\vdash	<u> </u>		- /Da	الممدنا		Can Cuina			On one to a		
 	Гуре:	☐ Injured ☐ Missi		•	ocated) Victim	Can Swim		ccupant	☐ Operator	· □ Sw	vimmer
 -		☐ Injured ☐ Missi		dy not l	,	Can Swim Can Not Swim		ccupant n Shore/Dock	☐ Operator	Gender:	☐ Male
 - -	Гуре:	☐ Injured ☐ Missi		•	d Info.:	_		•	Skier		
 -	Гуре: Las	Injured Missi Fatality Perso		Ejecte	d Info.:	Can Not Swim		Date of Bi	Skier Strip	Gender: Treatment:	☐ Male
VESSE	Гуре:	Injured Missi Fatality Perso		Ejecte	d Info.:	Can Not Swim		n Shore/Dock	Skier Strip	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESS	Las	Injured Missi Fatality Perso		Ejecte	d Info.:	Can Not Swim MI		Date of Bi	Skier rth - nne	Gender: Treatment:	☐ Male ☐ Female
VESSEL	Las Stre	Injured Missi Fatality Perso	on Was	First N	d Info.:	Can Not Swim		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL -	Las Stre	Injured Missi Fatality Perso	on Was	First N	d Info.: lame State	Can Not Swim MI Zip Code		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL -	Las Stre	Injured Missi Fatality Personant Name eet Caused By:	on Was	First N	d Info.: lame State	Can Not Swim MI Zip Code PFD Types Used:		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL	Stree City	Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object	on Was	First N	d Info.: lame State Secondary Injury Amputation Back Injury	Zip Code PFD Types Used:		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL	Stree City	Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object	on Was	First N ary & S S	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s)	Zip Code PFD Types Used:		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL O	Stree City	Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat	on Was	First N ary & S S	State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s)	Zip Code PFD Types Used: I III III IV Non-Inflatable Inflatable Physical Condition:		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL OR	Stree City	Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg	on Was	First N ary & S S	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s)	Zip Code PFD Types Used: II III Non-Inflatable Inflatable Physical Condition: Handicapped		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL OR	Stree City	Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat	on Was	First N ary & S S	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s)	Zip Code PFD Types Used: II III Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL OR	City	Injured Missi Fatality Personant Name set Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other:	on Was	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal		Date of Bi () Home Pho () Work Pho	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL OR	Stre City njury City fictim	Injured Missi Fatality Personant Name st Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity:	on Was	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
VESSEL OR	Citype: City	Injured Missi Fatality Personst Name st Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity: Cruising	on Was	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies)	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
VESSEL OR	Stre City njury City fictim	Injured Missi Fatality Personant Name st Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity:	on Was	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
VESSEL OR SWIMMER	Citype: City	Injured Missi Fatality Personant Per	on Was	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By:		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
VESSEL OR SWIMMER		Injured Missi Fatality Personant Name set Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity: Cruising Fishing Hunting PWC Cruising Scuba Diving	on Was	First N ary & S O O O O O O O O O O O O O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By: Drowning		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
VESSEL OR SWIMMER		Injured Missi Fatality Personant Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling	on Was	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury Sprain/Strain	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By: Drowning Hypothermia		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
VESSEL OR SWIMMER		Injured Missi Fatality Personant Name set Name eet Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Activity: Cruising Fishing Hunting PWC Cruising Scuba Diving	on Was	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By: Drowning		Date of Bi () Home Pho () Work Pho	Skier rth ne ne	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

Page _____ of ____

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT Agency Case Number:

	Туре:	. Injured Missi	ing (Bo	dy not l	ocated) Victim	☐ Can Swim	□ 0	ccupant [☐ Operator	· □ Sw	vimmer
<	туре.	Fatality Person	on Was	Ejecte	d Info.:	Can Not Swim	□ 0	n Shore/Dock	Skier	Gender:	☐ Male
Ш		ast Name		First N	lame	MI		Date of Birtl	<u> </u>	Treatment:	☐ Female
SS		act rumo		1 110(11	iamo	1411		() -	•		t-Medical Facility
E	St	treet						Home Phon	e	First Aid	, ,
		·			State	7:- 0-1-		() -		Refused	
	Ci	ιι <u>ν</u> γ Caused By:	Prima	arv & S	Secondary Injury	Zip Code PFD Types Used:		Work Phone	1		\cap
	l,α,	Impact with Boat	Р	, a c S	coondary injury		□ v	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_		<u></u>
		Impact with Water			Amputation		_	ATI	$\mathcal{Q}_{\mathcal{T}}^{\mathcal{T}}$	R	RIL
		Impact with Fixed Object			Back Injury	☐ Non-Inflatable			AA.	H	7196
		Impact with Floating Object			Broken Bone(s)	☐ Inflatable		INN.	MIT	XX	AAM
0 R		Struck by Boat			Burn(s)	Physical Condition:		Ten X	Tan (Ten	1 mis
${\cal P}$		Propeller or Skeg			Contusion(s)	Handicapped		H	1	1	11
S		Other:			Dislocation(s)	☐ Inf. Alc./Drug		()(7	- (7(7)
≶	V! - 4!	A - C- 26			Head Injury	Normal		H	K)=	† K
	VICTIN	n Activity: Cruising			Hypothermia Internal Injury(ies)	☐ Sick/ill ☐ Other:		40	Injun/Est	al Synopsis	1 (7
SWIMME	ΙH	Fishing	H		Laceration(s)	☐ Other.			iiijui y/rai	ai Syllopsis	
A E		Hunting			Neck Injury	Unknown	_				
R		PWC Cruising			Shock	Death Caused By:					
		Scuba Diving Snorkeling	H		Spinal Injury Sprain/Strain	☐ Drowning☐ Hypothermia					
		Swimming	H		Teeth/Jaw	☐ Trauma					
		Water-skiing				Other:					
		Other:	-								
	Type:	. Injured Missi	ing (Bo	dy not l	ocated) Victim	☐ Can Swim		ccupant [☐ Operator	· □ Sw	vimmer
<	Type:	•	ing (Boo	-	,	☐ Can Swim ☐ Can Not Swim		ccupant [n Shore/Dock [☐ Operator ☐ Skier		☐ Male
Ш		: Person		Ejecte	d Info.:	Can Not Swim		n Shore/Dock	Skier	Gender:	
ES		•		-	d Info.:			=	Skier	Gender: Treatment:	☐ Male ☐ Female
Ш	La	: Person		Ejecte	d Info.:	Can Not Swim		n Shore/Dock	Skier	Gender: Treatment: Treatmen First Aid	☐ Male
ESS	La	Fatality Personant Name		Ejecte	d Info.:	Can Not Swim MI		Date of Birtl Home Phon	Skier	Gender: Treatment:	☐ Male ☐ Female
ESSE	La St	Fatality Personant Personant Name	on Was	First N	d Info.: lame State	Can Not Swim MI Zip Code		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSE	La St	Fatality Personant Name	on Was	First N	d Info.:	Zip Code PFD Types Used:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSE	La St Ci Injury	Fatality Personant Persona	on Was	First N	d Info.: lame State	Zip Code PFD Types Used:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSE	La St Ci Injury	Fatality Personant Persona	on Was	First N	d Info.: lame State Secondary Injury Amputation Back Injury	Zip Code PFD Types Used:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL	La St Ci Injury	Fatality Personant Persona	on Was	First N	State Secondary Injury Amputation Back Injury Broken Bone(s)	Zip Code PFD Types Used:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL O	St Ci Injury	Fatality Personant Persona	Prima P	First N ary & S S	State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s)	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL	La St Ci Injury	Fatality Personant Personat Personant Personant Personant Personant Personant Personan	Prima P	First N ary & S S	Info.: Idame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s)	Zip Code PFD Types Used: II III Non-Inflatable Inflatable Physical Condition: Handicapped		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	St Ci Injury	Fatality Personant Persona	Prima P	First N ary & S S	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s)	Zip Code PFD Types Used: I III V Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	La St Ci Injury	ast Name treet ity / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other:	Prima P	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	La St Ci Injury	Fatality Personant Personat Personant Personant Personant Personant Personant Personan	Prima P	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
ESSEL OR	La St Ci Injury Ci Victin	ast Name treet Totality Personal Pers	Prima P	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s)	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Inflatable Ordition: Handicapped Inf. Alc./Drug Normal Sick/iill Other:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Victin	Fatality Personant Personat Personant Personant Personant Personant Personant Personan	Prima P	First N ary & S O O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury	Zip Code PFD Types Used: I III V Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
ESSEL OR	La St Ci Injury Ci Victin	ast Name treet ity / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: m Activity: Cruising Fishing Hunting PWC Cruising	Prima P	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By:		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Victin	Fatality Personant Personat Personant Personant Personant Personant Personant Personan	Prima P	First N ary & S O O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury	Zip Code PFD Types Used: I III V Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Victin	ast Name treet ity / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: m Activity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling Swimming	Prima P	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Inflatable Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By: Drowning Hypothermia Trauma		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Victin	ast Name treet ity / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: m Activity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling	Prima P	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury Sprain/Strain	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other: Unknown Death Caused By: Drowning Hypothermia		Date of Birtl () - Home Phon () - Work Phone	Skier	Gender: Treatment: ☐Treatmen ☐First Aid ☐Refused	☐ Male ☐ Female

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

Page _____ of ____

Agency Case Number:

	Type	☐ Injured ☐ Miss	ing (Bo	dy not l	ocated) Victim	☐ Can Swim		Occupant	☐ Operator	☐ Sw	immer
<	Type	Fatality Pers	on Was	Ejecte	d Info.:	☐ Can Not Swim		On Shore/Dock	Skier	Gender:	
Ш	l <u> </u>	() (F: ()			_		(D: II		☐ Female
S	La	ast Name		First N	iame	MI		Date o	t Birth	Treatment:	4 MA - 18 1 F 184 -
SE	St	reet					_	Home I	Phone	☐ First Aid	t-Medical Facility
F								()	_	Refused	
	Ci	,			State	Zip Code	,	Work I	Phone		
		/ Caused By:		-	Secondary Injury	PFD Types Used:	_		(2)		\bigcirc
		Impact with Boat	<u>P</u>	S				V	XX.	0	THE
		Impact with Water			Amputation			$-\int_{\Sigma}$	M M	1	1541
		Impact with Fixed Object			Back Injury	Non-Inflatable		M	MA	M	PRILL
		Impact with Floating Object			Broken Bone(s)	Inflatable		41	(W)	441	NA
0 R		Struck by Boat			Burn(s)	Physical Condition:		Ten	Just 1	aw \	1 / 100
72		Propeller or Skeg			Contusion(s)	Handicapped		}	10		70
S		Other:			Dislocation(s)	☐ Inf. Alc./Drug ☐ Normal		(10)	1	/(/
≶	Viotin	n Activity:			Head Injury Hypothermia	Sick/ill)	1 K)=	1 (4)
=		Cruising			Internal Injury(ies)	Other:		-	Injury/Eat	al Synopsis	
SWIMME		Fishing			Laceration(s)	Oulci.			mjary/r au	и оупорыз	
Ш		Hunting			Neck Injury	Unknown					
${\cal D}$		PWC Cruising			Shock	Death Caused By:					
		Scuba Diving Snorkeling			Spinal Injury Sprain/Strain	☐ Drowning☐ Hypothermia					
		Swimming	H	H	Teeth/Jaw	☐ Trauma					
		Water-skiing			10041/0411	Other:					
		Other:	_								
		D Internal D Mine							_		
	-	☐ Injured ☐ Miss	ing (Bo	dy not l	ocated) Victim	☐ Can Swim	Ш	Occupant	Operator	∐ Sw	immer
_	Туре	· ·	ing (Bo on Was	•		☐ Can Swim☐ Can Not Swim☐		Occupant On Shore/Dock	· .		immer Male
٧E		: ☐ Fatality ☐ Pers		Ejecte	d Info.:	Can Not Swim		On Shore/Dock	Skier Skier	Gender:	
ES		· ·		•	d Info.:	_		•	Skier Skier	Gender: Treatment:	☐ Male ☐ Female
ESS	La	Fatality Pers		Ejecte	d Info.:	Can Not Swim		On Shore/Dock Date o	Skier Skier Shier	Gender: Treatment:	☐ Male
ES	La	: ☐ Fatality ☐ Pers		Ejecte	d Info.:	Can Not Swim MI		On Shore/Dock Date o () Home	Skier f Birth Phone -	Gender: Treatment:	☐ Male ☐ Female
ESS	La St	Fatality Pers	on Was	First N	d Info.: lame State	Can Not Swim MI Zip Code		On Shore/Dock Date o	Skier f Birth Phone -	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESS	St Ci Injury	Fatality Pers	on Was	First N	d Info.:	Can Not Swim MI Zip Code PFD Types Used:		On Shore/Dock Date o () Home I () Work F	Skier f Birth Phone -	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESS	La St Ci Injury	Fatality Pers	on Was	First N	d Info.: lame State Secondary Injury	Zip Code PFD Types Used:		On Shore/Dock Date o () Home I () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESS	La St	Fatality Pers	Prim P	First N	d Info.: lame State secondary Injury Amputation	Zip Code PFD Types Used: I II IV		On Shore/Dock Date o () Home I () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESS	La St	Fatality Pers	Prim P	First N	d Info.: lame State Secondary Injury Amputation Back Injury	Zip Code PFD Types Used:		On Shore/Dock Date o () Home I () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL	La St	Fatality Pers ast Name treet ty / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object	Prim P	First N	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s)	Zip Code PFD Types Used:		Date o () Home () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL	St Ci Injury	Fatality Pers ast Name Treet Ty Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat	Prim P	First N ary & S S	State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s)	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition:		On Shore/Dock Date o () Home I () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	La St	Fatality Pers ast Name treet ty / Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object	Prim P	First N	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s)	Zip Code PFD Types Used:		Date o () Home () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	St Ci Injury	Fatality Pers	Prim P	First N	Info.: Idame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s)	Zip Code PFD Types Used: II III Non-Inflatable Inflatable Physical Condition: Handicapped		Date o () Home () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	Ci Injury	Fatality Pers	Prim P	First N	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s)	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug		Date o () Home () Work F	f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	La St	Fatality Pers ast Name Freet Freet	Prim P	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies)	Zip Code PFD Types Used: I III IV Non-Inflatable Inflatable Handicapped Inf. Alc./Drug Normal		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid	☐ Male ☐ Female
ESSEL OR	La	Fatality Pers ast Name Freet Freet	Prim P	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s)	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other:		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury 	Fatality Pers ast Name Treet Treet Treet Treet Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: The Activity: Cruising Fishing Hunting	Prim P	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other:		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female
ESSEL OR	La	Fatality Pers ast Name Freet Freet	Prim P	First N ary & S S O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s)	Zip Code PFD Types Used: I III II IV Non-Inflatable Inflatable Physical Condition: Handicapped Inf. Alc./Drug Normal Sick/ill Other:		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Ci Ci Ci Ci Ci Ci C	reet Ty Caused By: Impact with Boat Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Mactivity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling	Prim P	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury Sprain/Strain	Zip Code PFD Types Used: I III IV IV IV IV IV IV		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Ci Ci Ci Ci Ci Ci C	reet Ty Caused By: Impact with Boat Impact with Water Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Mactivity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling Swimming	Prim P	First N ary & S S O	Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury	Zip Code PFD Types Used: I III IV IV IV IV IV IV		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female
ESSEL OR SWIMME	La St Ci Injury Ci Ci Ci Ci Ci Ci Ci C	reet Ty Caused By: Impact with Boat Impact with Fixed Object Impact with Floating Object Struck by Boat Propeller or Skeg Other: Mactivity: Cruising Fishing Hunting PWC Cruising Scuba Diving Snorkeling	Prim P	First N ary & S S O O O O O O O O O O O O	d Info.: lame State Secondary Injury Amputation Back Injury Broken Bone(s) Burn(s) Contusion(s) Dislocation(s) Head Injury Hypothermia Internal Injury(ies) Laceration(s) Neck Injury Shock Spinal Injury Sprain/Strain	Zip Code PFD Types Used: I III IV IV IV IV IV IV		Date o () Home () Work F	Skier f Birth Phone Phone	Gender: Treatment: Treatmen First Aid Refused	☐ Male ☐ Female

FWCDLE 146 (05/2024) 68D-21.004 F.A.C.

Page _____ of ____