

**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  
Tallahassee, FL 32399-1600  
QUESTIONS CALL: (850) 488-5600

Agency Case Number: \_\_\_\_\_

REPORTING AGENCY:  FWC  Police  Sheriff  
 FPP  Other

Total Number: \_\_\_\_\_ Estimated total property damage \$2000 or more \$  
Fatalities Injury Beyond First Aid Missing Persons

<b>General and Geographic Information:</b>		Total Vessels/Swimmers: _____		County: _____	
Date of Accident: _____		Time of Accident (mil): _____		Date LEO Arrived: _____	
Time LEO Arrived (mil): _____		Nearest City: _____		Body of Water: _____	
Exact Location: _____		<input type="checkbox"/> State Waters <input type="checkbox"/> Offshore		<input type="checkbox"/> ICW	
Accident Site: <input type="checkbox"/> Bay/Sound <input type="checkbox"/> Inlet/Pass <input type="checkbox"/> Ocean/Gulf <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Marsh/Swamp		<input type="checkbox"/> River/Creek <input type="checkbox"/> Port/Harbor <input type="checkbox"/> Canal/Cut		Nearest Marker: _____	
<b>Restricted Area:</b>		Permit Code: _____		Latitude/Longitude (decimal minutes)	
<input type="checkbox"/> Idle Speed <input type="checkbox"/> Manatee Idle Speed <input type="checkbox"/> Swimming		<input type="checkbox"/> Slow Speed <input type="checkbox"/> Manatee Slow Speed		<input type="checkbox"/> MPH Limit <input type="checkbox"/> Other	
<b>Weather:</b>		<b>Visibility:</b>		<b>Water Conditions:</b>	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Thunderstorm		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		<input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (larger than 6')	
<input type="checkbox"/> Storm (over 25 mph)		<input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph)		<b>Temperature:</b> Air _____ ° F Water _____ ° F	
(Check all that Apply)		<input type="checkbox"/> River Current <input type="checkbox"/> Tidal Current		<b>Strong Current</b>	
<b>Accident Type:</b> (You may enter a primary, secondary and tertiary accident type for each vessel/swimmer by placing a 1, 2, or 3 in the appropriate box) (Use boating accident continuation sheet for additional vessels)					
<b>V-1</b>		<b>V-2</b>		<b>V-1</b>	
<b>Vessel/Swimmer</b>		<b>Vessel/Swimmer</b>		<b>Vessel/Swimmer</b>	
_____ Capsizing		_____ Flooding		_____ Person Struck by Vessel	
_____ Carbon Monoxide Exposure		_____ Grounding		_____ Sinking	
_____ Collision w/Fixed Object		_____ Natural Phenomena		_____ Starting Engine	
_____ Collis. w/Float Obj. or Person		_____ Person Departs Voluntarily		_____ Struck Underwater Object	
_____ Collision with Vessel		_____ Person Eject from Vessel		_____ Swamping	
_____ Electrical Shock		_____ Person Falls Overboard		_____ Towed Watersport Mishap	
_____ Fire/Explosion (Fuel)		_____ Person Impacts Vessel		_____ Vessel Wake Damage	
_____ Fire/Explosion (Non-Fuel)		_____ Pers. Struck by Prop/Water Jet		_____ Other: _____	
<b>What Contributed to the Accident:</b> (You may enter up to three (3) contributing causes for each Vessel)					
<b>V-1</b>		<b>V-2</b>		<b>V-1</b>	
<b>Vessel/Swimmer</b>		<b>Vessel/Swimmer</b>		<b>Vessel/Swimmer</b>	
<input type="checkbox"/> Alcohol Use		<input type="checkbox"/> Hull Failure		<input type="checkbox"/> Operator Inexperience	
<input type="checkbox"/> Careless/Reckless		<input type="checkbox"/> Ignition of Fuel Vapor		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Congested Waters		<input type="checkbox"/> Improper Anchoring		<input type="checkbox"/> Overloading	
<input type="checkbox"/> Dam or Lock		<input type="checkbox"/> Improper Loading		<input type="checkbox"/> Sharp Turn	
<input type="checkbox"/> Drug Use		<input type="checkbox"/> Lack of Proper Lights		<input type="checkbox"/> Skier or Occ. Behavior	
<input type="checkbox"/> Equipment Failure (Below)		<input type="checkbox"/> Lack of Vessel Flotation		<input type="checkbox"/> Standing/Sitting on Gunwale, Bow or Transom	
<input type="checkbox"/> Excessive Speed		<input type="checkbox"/> Machinery Failure (Below)		<input type="checkbox"/> Violation of Navigation Rule	
<input type="checkbox"/> Failure to Vent Fumes		<input type="checkbox"/> No Proper Look-Out Off		<input type="checkbox"/> Vision Obstructed	
<input type="checkbox"/> Generator		<input type="checkbox"/> Throttle Steering – Jet		<input type="checkbox"/> Weather	
<input type="checkbox"/> Hazardous Water		<input type="checkbox"/> Operator Inattention			
<b>Machinery Failure:</b> (Indicate every system that failed for each vessel)					
<b>V-1</b>		<b>V-2</b>		<b>V-1</b>	
<b>Vessel</b>		<b>Vessel</b>		<b>Vessel</b>	
<input type="checkbox"/> Electrical System		<input type="checkbox"/> Steering System		<input type="checkbox"/> Auxiliary Equipment	
<input type="checkbox"/> Engine Failure		<input type="checkbox"/> Throttle Failure		<input type="checkbox"/> Communications	
<input type="checkbox"/> Fuel System		<input type="checkbox"/> Ventilation System		<input type="checkbox"/> Fire Extinguishers	
<input type="checkbox"/> Shift Failure		<input type="checkbox"/> Starting Eng. In Gear		<input type="checkbox"/> PFD's	
<input type="checkbox"/> Feedback Steering				<input type="checkbox"/> Sail Demasting	
				<input type="checkbox"/> Seat Broke Loose	
				<input type="checkbox"/> Sound Producing	
				<input type="checkbox"/> Visual Distress	

**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

Agency Case Number: \_\_\_\_\_

Type of Boat:						# of Engines:		Propulsion:			Safety Equipment:				
V-1	V-2	Vessel	V-1	V-2	Vessel	Vessel		V-1	V-2	Vessel	V-1	V-2	Vessel		
<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Personal Watercraft	Vessel 1		<input type="checkbox"/>	<input type="checkbox"/>	Air Thrust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Req. PFD's on board
<input type="checkbox"/>	<input type="checkbox"/>	Cabin Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Pontoon Boat	Vessel 2		<input type="checkbox"/>	<input type="checkbox"/>	Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PFD's accessible
<input type="checkbox"/>	<input type="checkbox"/>	Canoe/Kayak	<input type="checkbox"/>	<input type="checkbox"/>	Rowboat (Jon)	Total HP		<input type="checkbox"/>	<input type="checkbox"/>	Propeller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. on Board
<input type="checkbox"/>	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>	<input type="checkbox"/>	Sail-Aux. Power	Vessel 1		<input type="checkbox"/>	<input type="checkbox"/>	Sail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. Used
<input type="checkbox"/>	<input type="checkbox"/>	Mini Jet Boat	<input type="checkbox"/>	<input type="checkbox"/>	Sail(Only)	Vessel 2		<input type="checkbox"/>	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Operational
<input type="checkbox"/>	<input type="checkbox"/>	Open Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Seaplane			<b>Engine:</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Turned On
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____						V-1	V-2	Vessel	<input type="checkbox"/>	<input type="checkbox"/>	<b>Was Vessel:</b>		
<b>Hull Material:</b>						<b>Fuel:</b>						<b>Vessel</b>			
V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel		V-1	V-2	Vessel			
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	Rigid Hull Infl.	<input type="checkbox"/>	<input type="checkbox"/>	Diesel		<input type="checkbox"/>	<input type="checkbox"/>	Airboat			
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	Rubber/Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	Electric		<input type="checkbox"/>	<input type="checkbox"/>	Inboard			
<input type="checkbox"/>	<input type="checkbox"/>	Steel	<input type="checkbox"/>	<input type="checkbox"/>	Wood	<input type="checkbox"/>	<input type="checkbox"/>	Gasoline		<input type="checkbox"/>	<input type="checkbox"/>	Outboard			
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	Propane		<input type="checkbox"/>	<input type="checkbox"/>	I/O			

Operation at Time of Accident:						(Enter up to 3 for each Vessel)					
V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	At Anchor	<input type="checkbox"/>	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Wake/Surf Jumping
<input type="checkbox"/>	<input type="checkbox"/>	Being Towed	<input type="checkbox"/>	<input type="checkbox"/>	Docking/Undocking	<input type="checkbox"/>	<input type="checkbox"/>	Docking/Undocking	<input type="checkbox"/>	<input type="checkbox"/>	Rowing/Paddling
<input type="checkbox"/>	<input type="checkbox"/>	Changing Direction	<input type="checkbox"/>	<input type="checkbox"/>	Drifting	<input type="checkbox"/>	<input type="checkbox"/>	Drifting	<input type="checkbox"/>	<input type="checkbox"/>	Towing a Boat
<input type="checkbox"/>	<input type="checkbox"/>	Changing Speed	<input type="checkbox"/>	<input type="checkbox"/>	Launching/Loading	<input type="checkbox"/>	<input type="checkbox"/>	Launching/Loading	<input type="checkbox"/>	<input type="checkbox"/>	Docked (Moored)

Activity at Time of Accident:												(Enter up to three (3) for each Vessel)											
V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel						
<input type="checkbox"/>	<input type="checkbox"/>	Boat Pulling Tube	<input type="checkbox"/>	<input type="checkbox"/>	Fueling	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	Commercial Purpose	<input type="checkbox"/>	<input type="checkbox"/>	Hunting	<input type="checkbox"/>	<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	Starting Engine
<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Recreational)	<input type="checkbox"/>	<input type="checkbox"/>	Making Repairs	<input type="checkbox"/>	<input type="checkbox"/>	Skiing (Surfing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Tournament)	<input type="checkbox"/>	<input type="checkbox"/>	Racing (Sanctioned)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

VESSEL	Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____		Year _____	
	Length _____		Make _____		Model _____		# of POB _____	
	Estimated Speed _____		<input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph		<input type="checkbox"/> None <input type="checkbox"/> 21-40 mph		<input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph	
	<b>OPERATOR/SWIMMER INFO:</b>		Drivers License or Boater ID # _____		State Issued _____		<input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government	
	Last Name _____		First Name _____		MI _____		Date of Birth _____	
	Street _____		City _____		State _____		Home Phone _____	
	City _____		State _____		Zip Code _____		Work Phone _____	
	<b>Operator Experience</b>		<b>Operator Education</b>		<b>BUI Info</b>		<b>Status</b>	
	<input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> Over 100 Hrs		<input type="checkbox"/> USCG Aux <input type="checkbox"/> USPS <input type="checkbox"/> Other (Info) <input type="checkbox"/> None		<input type="checkbox"/> Refused <input type="checkbox"/> Been Drinking <input type="checkbox"/> Arrest <input type="checkbox"/> Drugs		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	
	<b>Total Hours In This Type Vessel:</b>		<input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs		<input type="checkbox"/> BAC: _____ <input type="checkbox"/> Arrest <input type="checkbox"/> Drugs		Fill out injury/fatal data sheet as required <b>Estimated Damage:</b> \$ _____	
<b>Owner Info:</b> Fill in owner's name and address. Check if also <input type="checkbox"/> operator or <input type="checkbox"/> occupant if occupant, use occupant section injury/fatal data sheet								
OR SWIMMER	Last Name _____		First Name _____		MI _____		Drivers License _____	
	Street _____		City _____		State _____		Date of Birth _____	
	City _____		State _____		Zip Code _____		Phone # _____	
	Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company _____		Policy # _____			
	<b>NON-FATAL OR UNINJURED OCCUPANT INFO:</b> (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)							
	Oc1 Name: _____		Phone: ( ) - _____		DOB: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Oc2 Name: _____		Phone: ( ) - _____		DOB: _____		Person Ejected: <input type="checkbox"/>	
	Oc3 Name: _____		Phone: ( ) - _____		DOB: _____		PFD Used: <input type="checkbox"/>	
	Oc4 Name: _____		Phone: ( ) - _____		DOB: _____		Person Can Swim: <input type="checkbox"/>	

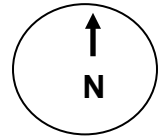


**DIAGRAM OF ACCIDENT**

If applicable, diagram exactly what happened. Show the direction of boats involved before, during and after accident.

**DIAGRAM NOT TO SCALE**

Indicate North with an Arrow



**Violations:** Vessel Priority: Vessel # \_\_\_\_\_ Stand on Vessel # \_\_\_\_\_ Give Way \_\_\_\_\_ N/A

Vessel #	Violator's Name (Just check box if operator)	Statute #	Violation	Type		UBC/Warning #
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation	<input type="checkbox"/> No action	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Warning	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation	<input type="checkbox"/> No action	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Warning	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation	<input type="checkbox"/> No action	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Warning	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation	<input type="checkbox"/> No action	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Warning	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation	<input type="checkbox"/> No action	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Warning	<input type="checkbox"/> Pending	

**Officer Completing Report:**

Agency Name \_\_\_\_\_ District/Region \_\_\_\_\_ Officer's Signature \_\_\_\_\_  
 Street \_\_\_\_\_ ( ) - Phone # \_\_\_\_\_ Print Officer Name \_\_\_\_\_ ID # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ORI Number \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Field Supervisor/Reviewer Signature \_\_\_\_\_ Print Supervisor/Reviewer Name \_\_\_\_\_ ID # \_\_\_\_\_

**Investigative Time:** (Include total hours for response, search & rescue & investigation for officer completing report & officers assisting)

Boat Hrs. Land Hrs. Air Hrs. Admin. Hrs. Total Hrs. Car Miles Boat Engine Hrs. Aircraft Engine Hrs.

**DO NOT COMPLETE BELOW THIS LINE – FWC HQ BOATING SAFETY REVIEWING AUTHORITY ONLY**

**Federal Accident Classification:** (For Statistical use)  Recreational  Commercial  Government  Off-Shore  Non-Reportable  Reportable

Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed By	ID #
--------------	----------------	---------------	---------------	-----------------	----------------	-------------	------

VESSEL

OR SWIMMER

NUMBER

OPERATOR DATA

OPERATOR INFORMATION:

Operator information fields: Last Name, First Name, MI, Street, City, State, Zip Code, Home Phone, Work Phone, Date of Birth, Race, Sex, Status, Drivers License, State Issued, Violations, Experience, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Swim, Location, Ejected.

VESSEL DATA

OWNER'S INFORMATION:

Owner's information fields: Check if also operator or on board, Last Name, First Name, MI, Street, City, State, Zip Code, Registration or Documentation #, Hull ID Number, Name of Vessel, Year, Length, Make, Model, Beam, Depth, Hull Type, Hull Material, Propulsion, Fuel, # of Engine, Total HP, Engine Maker, Hp Capacity, Person Capacity, Pound Capacity, Total # of Persons on Board, Flame Arrester, Ventilation, Other Equipment, Safety Exam, Current, By, FWC, Police, Sheriff, FPP, Other.

Equipment status table with columns: PFDs, FIRE EXTINGUISHERS, SPD, LIGHTS, VDS. Each column has sub-columns for Yes/No and specific equipment details.

OCCUPANTS

OCCUPANTS INFORMATION #1:

Occupant information #1 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

OCCUPANTS INFORMATION #2:

Occupant information #2 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

OCCUPANTS INFORMATION #3:

Occupant information #3 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

VESSEL

OR SWIMMER

NUMBER

OPERATOR DATA

OPERATOR INFORMATION:

Operator information form including fields for Last Name, First Name, MI, Street, City, State, Zip Code, Home Phone, Work Phone, Date of Birth, Race, Sex, Drivers License, State Issued, Violations, Experience, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Swim, Location, and Ejected.

VESSEL DATA

OWNER'S INFORMATION:

Owner's information form including fields for Last Name, First Name, MI, Street, City, State, Zip Code, Registration or Documentation #, Hull ID Number, Name of Vessel, Year, Length, Make, Model, Beam, Depth, Hull Type, Hull Material, Propulsion, Fuel, # of Engine, Total HP, Engine Maker, Hp Capacity, Person Capacity, Pound Capacity, Total # of Persons on Board, Flame Arrester, Ventilation, Other Equipment, Safety Exam, Current, and various checkboxes for Yes/No.

Table with 5 columns: PFDs, FIRE EXTINGUISHERS, SPD, LIGHTS, VDS. Each column has sub-columns for Yes/No and specific equipment details.

OCCUPANTS

OCCUPANTS INFORMATION #1:

Occupant information form #1 including fields for Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, and Swim.

OCCUPANTS INFORMATION #2:

Occupant information form #2 including fields for Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, and Swim.

OCCUPANTS INFORMATION #3:

Occupant information form #3 including fields for Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, and Swim.

**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.)



**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.)



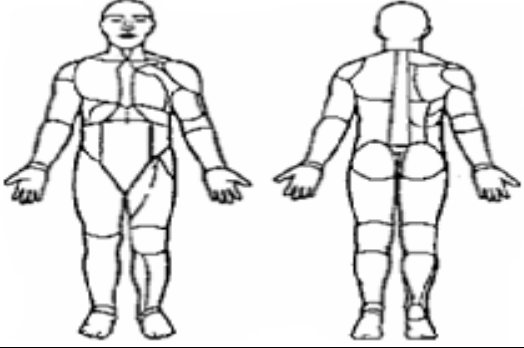
**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

Agency Case Number: \_\_\_\_\_

**VESSEL**

**OR SWIMMER**

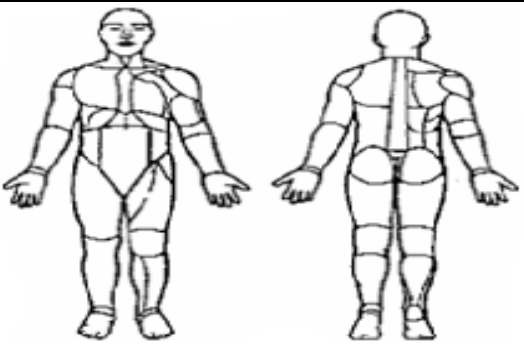
<b>Type:</b>	<input type="checkbox"/> Injured	<input type="checkbox"/> Missing (Body not located)	<b>Victim Info.:</b>	<input type="checkbox"/> Can Swim	<input type="checkbox"/> Occupant	<input type="checkbox"/> Operator	<input type="checkbox"/> Swimmer
	<input type="checkbox"/> Fatality	<input type="checkbox"/> Person Was Ejected		<input type="checkbox"/> Can Not Swim	<input type="checkbox"/> On Shore/Dock	<input type="checkbox"/> Skier	
							<b>Gender:</b>
							<input type="checkbox"/> Male
							<input type="checkbox"/> Female
							<b>Treatment:</b>
							<input type="checkbox"/> Treatment-Medical Facility
							<input type="checkbox"/> First Aid
							<input type="checkbox"/> Refused

<b>Injury Caused By:</b>	<b>Primary &amp; Secondary Injury</b>	<b>PFD Types Used:</b>	
<input type="checkbox"/> Impact with Boat	<b>P S</b>	<input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V	
<input type="checkbox"/> Impact with Water	<input type="checkbox"/> <input type="checkbox"/> Amputation	<input type="checkbox"/> II <input type="checkbox"/> IV	
<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> <input type="checkbox"/> Back Injury	<input type="checkbox"/> Non-Inflatable	<b>Injury/Fatal Synopsis</b> <hr/>
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> <input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Inflatable	
<input type="checkbox"/> Struck by Boat	<input type="checkbox"/> <input type="checkbox"/> Burn(s)	<b>Physical Condition:</b>	
<input type="checkbox"/> Propeller or Skeg	<input type="checkbox"/> <input type="checkbox"/> Contusion(s)	<input type="checkbox"/> Handicapped	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> Dislocation(s)	<input type="checkbox"/> Inf. Alc./Drug	
	<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> Normal	
<b>Victim Activity:</b>	<input type="checkbox"/> <input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sick/ill	
<input type="checkbox"/> Cruising	<input type="checkbox"/> <input type="checkbox"/> Internal Injury(ies)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Fishing	<input type="checkbox"/> <input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Hunting	<input type="checkbox"/> <input type="checkbox"/> Neck Injury	<b>Death Caused By:</b>	
<input type="checkbox"/> PWC Cruising	<input type="checkbox"/> <input type="checkbox"/> Shock	<input type="checkbox"/> Drowning	
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> <input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> Snorkeling	<input type="checkbox"/> <input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Trauma	
<input type="checkbox"/> Swimming	<input type="checkbox"/> <input type="checkbox"/> Teeth/Jaw	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Water-skiing			
<input type="checkbox"/> Other: _____			

**VESSEL**

**OR SWIMMER**

<b>Type:</b>	<input type="checkbox"/> Injured	<input type="checkbox"/> Missing (Body not located)	<b>Victim Info.:</b>	<input type="checkbox"/> Can Swim	<input type="checkbox"/> Occupant	<input type="checkbox"/> Operator	<input type="checkbox"/> Swimmer
	<input type="checkbox"/> Fatality	<input type="checkbox"/> Person Was Ejected		<input type="checkbox"/> Can Not Swim	<input type="checkbox"/> On Shore/Dock	<input type="checkbox"/> Skier	
							<b>Gender:</b>
							<input type="checkbox"/> Male
							<input type="checkbox"/> Female
							<b>Treatment:</b>
							<input type="checkbox"/> Treatment-Medical Facility
							<input type="checkbox"/> First Aid
							<input type="checkbox"/> Refused

<b>Injury Caused By:</b>	<b>Primary &amp; Secondary Injury</b>	<b>PFD Types Used:</b>	
<input type="checkbox"/> Impact with Boat	<b>P S</b>	<input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V	
<input type="checkbox"/> Impact with Water	<input type="checkbox"/> <input type="checkbox"/> Amputation	<input type="checkbox"/> II <input type="checkbox"/> IV	
<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> <input type="checkbox"/> Back Injury	<input type="checkbox"/> Non-Inflatable	<b>Injury/Fatal Synopsis</b> <hr/>
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> <input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Inflatable	
<input type="checkbox"/> Struck by Boat	<input type="checkbox"/> <input type="checkbox"/> Burn(s)	<b>Physical Condition:</b>	
<input type="checkbox"/> Propeller or Skeg	<input type="checkbox"/> <input type="checkbox"/> Contusion(s)	<input type="checkbox"/> Handicapped	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> Dislocation(s)	<input type="checkbox"/> Inf. Alc./Drug	
	<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> Normal	
<b>Victim Activity:</b>	<input type="checkbox"/> <input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sick/ill	
<input type="checkbox"/> Cruising	<input type="checkbox"/> <input type="checkbox"/> Internal Injury(ies)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Fishing	<input type="checkbox"/> <input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Hunting	<input type="checkbox"/> <input type="checkbox"/> Neck Injury	<b>Death Caused By:</b>	
<input type="checkbox"/> PWC Cruising	<input type="checkbox"/> <input type="checkbox"/> Shock	<input type="checkbox"/> Drowning	
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> <input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> Snorkeling	<input type="checkbox"/> <input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Trauma	
<input type="checkbox"/> Swimming	<input type="checkbox"/> <input type="checkbox"/> Teeth/Jaw	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Water-skiing			
<input type="checkbox"/> Other: _____			

