

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT**

Florida Boating Accident Self Report

Operator/Owner Report Form
(Short form to be filled out by all vessel operators involved)



How do I report a Boating Accident

You must immediately (as soon as it is possible) contact the Florida Fish & Wildlife Conservation Commission (FWC) by dialing:

1.888.404.3922 or # FWC Cellular or * FWC

the sheriff of the county in which the accident occurred; or the police chief of the municipality where the accident occurred.

You must also complete this form and mail it to the (unless a law enforcement officer completes a written Accident Investigation Report):

**Florida Fish & Wildlife Conservation Commission
Boating & Waterways Section
620 South Meridian Street
Tallahassee, FL 32399-1600**

State and federal law require that the vessel operator must report any accident that involves any of the following:

1. A person's death;
2. An injury requiring medical treatment beyond first aid;
3. The disappearance of a person from the boat under circumstances that indicate death or injury; or
4. Total property damage to all boats, docks, etc. involved in the accident exceeding \$2,000.00

Written Report Require by § 327.301, F.S. and 33 C.F.R.s. 173.55,:

The report must be submitted	
If a person dies	Within 24 hours
If an injury requiring medical treatment beyond first aid	Within 48 hours
The disappearance of a person from the boat under circumstances that indicate death or injury	Within 48 hours
Property damage only	Within 10 days

Operator Information Exchange

_____	_____	_____
Last Name	First Name	MI
Address: _____		
_____	_____	_____
City	State	Zip Code

Vessel Information

_____	_____	
Vessel Reg. or Doc. Number	Name of Vessel	
_____	_____	_____
HIN Number	Make	Length

Insurance Information

_____	_____
Insurance Company	Policy Number

Instructions for completing the Boating Accident Self-Report:

1. Fill in each section that applies, (i.e. the accident site section one of the descriptors applies to every accident). The restricted area section should only be completed if the accident occurred in a restricted area, (i.e. no wake zone, slow speed, etc.).
2. State waters are within three **(3)** nautical miles shore in the Atlantic and nine **(9)** nautical miles from shore in the Gulf of Mexico.
3. Total estimated damage is the total of each vessel plus any non-vessel property damage.
4. There are several sections that allow you to check more than one cause, type, etc. When more than one applies, rank them with a 1, 2, or 3, in the order which they occurred. Do not check the box when using multiple entries.
5. This is an example of a brief description of a boating accident. *V-1 was traveling north in the marked channel of the St. Johns River. V-2 was traveling northwest and overtaking V-1. The bow of V-2 struck the starboard side of V-1 causing damage to rub rail and damage to the fiberglass between mid-ship and the stern.*



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION DIVISION OF LAW ENFORCEMENT

Florida Boating Accident Self Report

Agency Case Number: _____

Forward copy to: **FWC Boating & Waterways Section**
620 South Meridian Street, Tallahassee, FL 32399-1600

Which Agency Contacted: FWC Sheriff's Office Police Dept

STATE LAW REQUIRES THAT YOU MUST NOTIFY ONE OF THE LAW ENFORCEMENT AGENCIES LISTED ABOVE IF YOU ARE INVOLVED IN A BOATING ACCIDENT.

Officer's Name: _____

ID #: _____

General and Geographic Information:		Total Vessels: _____		County: _____		
Date of Accident: _____		Time of Accident: _____		Est. Total Damage: \$ _____		
Nearest City: _____		Body of Water: _____		<input type="checkbox"/> State Waters <input type="checkbox"/> Offshore		
Exact Location: _____				<input type="checkbox"/> ICW <input type="checkbox"/> Nearest Marker		
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"/> River/Creek <input type="checkbox"/> Port/Harbor <input type="checkbox"/> Canal/Cut						
Restricted Area: <input type="checkbox"/> Idle Speed <input type="checkbox"/> MPH Limit <input type="checkbox"/> Manatee I.S. <input type="checkbox"/> Other <input type="checkbox"/> Slow Speed <input type="checkbox"/> Swimming <input type="checkbox"/> Manatee S.S.				Latitude/Longitude: _____		
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Thunderstorm (Check all that Apply)		Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Dawn <input type="checkbox"/> Fair <input type="checkbox"/> Day <input type="checkbox"/> Poor <input type="checkbox"/> Dusk <input type="checkbox"/> Night		Water Conditions: <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")		
		Wind <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) <input type="checkbox"/> Storm (over 25 mph)		Temperature: Air _____ °F Water _____ °F Strong Current <input type="checkbox"/> River current <input type="checkbox"/> Tidal Current		
YOUR VESSEL 1	Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____	
	Length _____		Make _____		Year _____	
	Model _____		# of POB _____		# of Fatal _____	
	# of Injured _____		# of Skiers Being Towed _____			
	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		Type of Vessel: <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government	
	YOUR INFORMATION: Drivers License or Boater ID # _____		State Issued _____		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured	
	Last Name _____		First Name _____		MI _____	
	Date of Birth _____		Home Phone _____		Estimated Damage: \$ _____	
	Street _____		City _____		State _____	
	Zip Code _____		Work Phone _____			
Operator Experience <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs		Operator Education <input type="checkbox"/> USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> State <input type="checkbox"/> USPS <input type="checkbox"/> None <input type="checkbox"/> Red Cross		Operator Condition <input type="checkbox"/> Feeling Sick <input type="checkbox"/> Drugs <input type="checkbox"/> Been Drinking <input type="checkbox"/> Other		
		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Lifejacket Used <input type="checkbox"/> Person can Swim <input type="checkbox"/> Person was Ejected <input type="checkbox"/>		
OCCUPANT INFORMATION:						
Oc1 Name: _____		Phone: () - _____		DOB: _____		
Oc2 Name: _____		Phone: () - _____		DOB: _____		
		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Person Ejected <input type="checkbox"/>		
		PFD Used <input type="checkbox"/>		Person Can Swim <input type="checkbox"/>		
		Injured <input type="checkbox"/>				
OTHER VESSEL 2	Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____	
	Length _____		Make _____		Year _____	
	Model _____		# of POB _____		# of Fatal _____	
	# of Injured _____		# of Skiers Being Towed _____			
	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		Type of Vessel: <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government	
	YOUR INFORMATION: Drivers License or Boater ID # _____		State Issued _____		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured	
	Last Name _____		First Name _____		MI _____	
	Date of Birth _____		Home Phone _____		Estimated Damage: \$ _____	
	Street _____		City _____		State _____	
	Zip Code _____		Work Phone _____			
Operator Experience <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs		Operator Education <input type="checkbox"/> USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> State <input type="checkbox"/> USPS <input type="checkbox"/> None <input type="checkbox"/> Red Cross		Operator Condition <input type="checkbox"/> Feeling Sick <input type="checkbox"/> Drugs <input type="checkbox"/> Been Drinking <input type="checkbox"/> Other		
		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Lifejacket Used <input type="checkbox"/> Person can Swim <input type="checkbox"/> Person was Ejected <input type="checkbox"/>		
OCCUPANT INFORMATION:						
Oc1 Name: _____		Phone: () - _____		DOB: _____		
Oc2 Name: _____		Phone: () - _____		DOB: _____		
		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Person Ejected <input type="checkbox"/>		
		PFD Used <input type="checkbox"/>		Person Can Swim <input type="checkbox"/>		
		Injured <input type="checkbox"/>				

Accident Description:			(Check all that Apply)				<input type="checkbox"/> Parasailing Accident			<input type="checkbox"/> Boat Struck by Lightning		
<input type="checkbox"/> Boat Found Capsized			<input type="checkbox"/> Carbon Monoxide Involved			<input type="checkbox"/> Runaway Boat			<input type="checkbox"/> Hit and Run (Left the Scene)			
<input type="checkbox"/> Boat Found Upright Drifting			<input type="checkbox"/> Commercial Vessel			<input type="checkbox"/> Victim Entangled in Line			<input type="checkbox"/> Other			
Activity at Time of Accident: (Enter up to 3 for each Vessel)												
V-1	V-2		V-1	V-2		V-1	V-2		V-1	V-2		
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Purpose	<input type="checkbox"/>	<input type="checkbox"/>	Racing (Sanctioned)	<input type="checkbox"/>	<input type="checkbox"/>	Skiing (Surfing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Hunting	
<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Recreational)	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Fueling	
<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Tournament)	<input type="checkbox"/>	<input type="checkbox"/>	Starting Engine	<input type="checkbox"/>	<input type="checkbox"/>	Boat Pulling Tube	<input type="checkbox"/>	<input type="checkbox"/>	Snorkeling	
<input type="checkbox"/>	<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	Making Repairs	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
Accident Type: (You may enter up to 3 accident types for each Vessel)												
V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	
<input type="checkbox"/>	<input type="checkbox"/>	Person Eject from Vessel	<input type="checkbox"/>	<input type="checkbox"/>	Starting Engine	<input type="checkbox"/>	<input type="checkbox"/>	Person Falls Overboard	<input type="checkbox"/>	<input type="checkbox"/>	Struck Underwater Object	
<input type="checkbox"/>	<input type="checkbox"/>	Person Impacts Vessel	<input type="checkbox"/>	<input type="checkbox"/>	Swamping	<input type="checkbox"/>	<input type="checkbox"/>	Pers. Struck by Prop/Water Jet	<input type="checkbox"/>	<input type="checkbox"/>	Towed Watersport Mishap	
<input type="checkbox"/>	<input type="checkbox"/>	Person Struck by Vessel	<input type="checkbox"/>	<input type="checkbox"/>	Vessel wake damage	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____										
What Contributed to the Accident: (You may enter up to 3 contributing causes for each Vessel)												
V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Failure to vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation	<input type="checkbox"/>	<input type="checkbox"/>	Off Throttle Steering – Jet	
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Turn	
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Water	<input type="checkbox"/>	<input type="checkbox"/>	No Proper Lock-Out	<input type="checkbox"/>	<input type="checkbox"/>	Skier or Occ. Behavior	
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention	<input type="checkbox"/>	<input type="checkbox"/>	Standing/Sitting on Gunwale, Bow or Transom	
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Ignition of fuel Vapor	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience	<input type="checkbox"/>	<input type="checkbox"/>	Viol. Of Nav. Rule	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	Overloading	<input type="checkbox"/>	<input type="checkbox"/>	Vision Obstructed	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	Weather	
<input type="checkbox"/>	<input type="checkbox"/>	Other : _____										
Machinery Failure: (Check all which apply. Indicate with 1, 2, or 3 etc.)						Equipment Failure: (Check all which apply. Indicate with 1, 2, or 3 etc.)						
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"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Sail Demasting	
<input type="checkbox"/>	<input type="checkbox"/>	Engine Failure	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Failure	<input type="checkbox"/>	<input type="checkbox"/>	Communications	<input type="checkbox"/>	<input type="checkbox"/>	Seat Broke Loose	
<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation System	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing	
<input type="checkbox"/>	<input type="checkbox"/>	Shift Failure	<input type="checkbox"/>	<input type="checkbox"/>	Starting Eng. In Gear	<input type="checkbox"/>	<input type="checkbox"/>	PFD's	<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress	
<input type="checkbox"/>	<input type="checkbox"/>	Feedback Steering	<input type="checkbox"/>	<input type="checkbox"/>	Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
Type of Boat:				# of Engines:		Propulsion:			Safety Equipment:			
V-1	V-2	Vessel	V-1	V-2	Vessel	Vessel 1	V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Mini Jet Boat		<input type="checkbox"/>	<input type="checkbox"/>	Air Thrust	<input type="checkbox"/>	<input type="checkbox"/>	Req. Lifejackets on Board
<input type="checkbox"/>	<input type="checkbox"/>	Cabin Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Rowboat (Jon)	Vessel 2	<input type="checkbox"/>	<input type="checkbox"/>	Manual	<input type="checkbox"/>	<input type="checkbox"/>	Lifejackets Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Canoes/Kayak	<input type="checkbox"/>	<input type="checkbox"/>	Sail-Aux. Power	Total HP	<input type="checkbox"/>	<input type="checkbox"/>	Propeller	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. on Board
<input type="checkbox"/>	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>	<input type="checkbox"/>	Sail(Only)	Vessel 1	<input type="checkbox"/>	<input type="checkbox"/>	Sail	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. Used
<input type="checkbox"/>	<input type="checkbox"/>	Open Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Seaplane	Vessel 2	<input type="checkbox"/>	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Operational
<input type="checkbox"/>	<input type="checkbox"/>	Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	Pontoon Boat		<input type="checkbox"/>	<input type="checkbox"/>	Engine:	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Turned On
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Current Safety Exam
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Inboard	<input type="checkbox"/>	<input type="checkbox"/>	Was Vessel:
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Outboard	<input type="checkbox"/>	<input type="checkbox"/>	Rented
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	I/O	<input type="checkbox"/>	<input type="checkbox"/>	Borrowed (Not in Household)
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		V-1	V-2	Vessel	V-1	V-2	Vessel	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Drifting	<input type="checkbox"/>	<input type="checkbox"/>	Towing a Boat	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Launching/Loading				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sailing				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Rowing/Padding				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Speed Changing				
Brief Synopsis of Accident:												
Non-Vessel Property Damage: Damage excluding the vessels involved or their contents <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the estimated amount: \$ _____												
Describe damages property _____												
Property Owner Information												
Last: _____				First: _____				MI: _____		Home Phone: _____ () - _____		
Street: _____				City: _____				State: _____		Work Phone: _____ () - _____		
City: _____				Zip Code: _____								
V-1 Operator Signature _____						Date: _____						
V-2 Operator Signature _____						Date: _____						
DO NOT COMPLETE BELOW THIS LINE – FWC HQ BOATING SAFETY REVIEWING AUTHORITY ONLY												
Federal Accident Classification: (For Statistical use)												
<input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Off-Shore <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable												
Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary cause	Reviewed By			ID #			