LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES LAW ENFORCEMENT DIVISION P.O. BOX 98000 BATON ROUGE, LA 70898-9000



VESSEL REGISTRATION #_

Rev. 09/10

OPERATOR BOATING INCIDENT REPORT

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Pursuant to Louisiana Revi results in: loss of life or dis of the vessel. Reports mus operator in filing the require	appearance from t be submitted w	n a vessel; an	injury which req	uires medi	cal treatment b	eyonc	d first aid; or propert	y damag	e in excess of \$5	00 or complete loss
	CO	MPLETE A	ALL BLOCK	S (Indic	ate those n	ot a	pplicable by "I	NA")		
NAME AND ADDRESS OF	OPERATOR				NAME AND A	ADDF	RESS OF OWNER		🗌 same as o	perator
LAST :	LAST: STREET 1: LAST: STREET 1:									
FIRST	ST	IREET 2			FIRST	FIRST STREET 2				
MI		CITY			MICITY					
PHONE NO	ST	ATE/ZIP			PHONE NO	PHONE NO STATE/ZIP				
OPERATOR AGE AND DATE	E OF BIRTH	yrs.	1 1		RENTED BOAT?	D BOAT? YES NO NUMBER OF PERSONS ON BOARD			S	
OPERATOR'S EXPERIENCE HOURS Under 20 20-100 100-500 Over 500 None THIS TYPE OF BOAT Image: Comparison of the										
BOAT REGIST. NO.	BOAT NAME	I	MANUFACTURE	r boa	T MODEL	<u></u>			DENTIFICATION	NO.
Open Motorboat Wood Outboard No. Cabin Motorboat Aluminum Inboard EN Auxiliary Sail Steel Inboard-outdrive Mfg Sail (only) Fiberglass Jet-drive Mfg Rowboat Rubber / Vinyl Air thrust House Canoe Other Other Ser Houseboat Other Gasoline Other Houseboat Diesel Housel Mfg Other Diesel Housel Mfg		No. c ENG Mfg. Hors Seria ENG Mfg. Hors	PULSION of engines INE 1 epower al No INE 2 epower al No	Le Ye H/ Fc W	CONSTRUCTION STEERING Length ft Width ft Remote Other Year Built Depth ft Hand tiller HAS BOAT HAD A SAFETY EXAMINATION? Yes No Yes No No Which Kind? USPS / USCG Auxiliary Inspection State/local Examination Other			note Other		
		1			NT DATA					
DATE OF INCIDENT DAY		TIME OF IN	CIDENT NAMI	E OF BOD	Y OF WATER		PARISH	L	DCATION <i>(give µ</i> .at: .ong:	PARISH CODE
LOUISIANA										
(check all applicable) □ Calm (less than 6") Air deg F □ N □ Clear □ Rain □ Choppy (waves 6" to 2') Water deg F □ Li □ Cloudy □ Snow □ Very Rough (greater than 6') DEPTH □ S □ Fog □ Hazy □ Strong Current □ ft □ S				WIND None Light (0-6 mpl Moderate (7-1 Strong (15-25 Storm (over 2	14 mph) 5 mph)	VISIBILITY Good Fair Poor	TIME OF DAY ☐ Day ☐ Night			
PERSONAL FLOTATION DEVICES (PFD'S) IGNITION AND THROTTLE FIRE EXTINGUISHERS Was the boat adequately equipped with USCG Was the vessel carrying NON-APPROVED life Ignition key position WERE THEY USED?										
Were they serviceable? What Type and How Many? Type I (#) Type II (#)	n devices? ☐ Ye] Yes ☐ No ☐ Yes ☐ No Were PFDs prope Used? ☐ Ye Adjusted? ☐ Ye	es Do savir Were erly: Were es No If yes		?	PROVED life Yes ☐ No Yes ☐ No	C Engir Ye Kill sv Hrot Throt	on key position On		WERE THEY (If yes, list Typ Yes	e(s) and number used.)

VESSEL REGISTRATION

OPERATOR BOATING INCIDENT REPORT

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OPERATION AT TIME OF (Check all applicable) Commercial Activity Cruising Approaching Dock Leaving Dock Water Skiing Racing Towing Other	INCIDENT Drifting At Anchor Tied to Dock Fueling Fishing Hunting Skin Diving/ Swimming Being Towed	TYPE OF INCIDENT (Number by order or Grounding Capsizing Flooding Sinking Fire or Explosion (fuel) Fire or Explosion(other than fuel) Skier Mishap Struck submerged object	f occurrence) Collisi Objec Collisi Objec Collisi Floating Obj Floating Obj Falls i	on with Vessel on with Fixed t on with ect overboard n Boat Boat or	WHAT IN Y0 (Number by Exce No F Rest Ovel Impr Haza Alco Shar Rule Spec Impr Forc Start Igniti Fuel/Vapor Miss ATONS	essive Speed Proper Lookout ricted Vision loading oper Loading ardous Waters hol use p Turn s of the Road cify #(s) oper Anchoring e of Wake/Wave ing in Gear ion Spilled	imary-1, sc D F F F F C C C C C C C C C C C C C C C	econdary-2, tertiary-3) Orug use Fault of Hull Fault of Machinery Fault of Equipment Operator nexperience Operator Inattention Passenger/Skier Behavior Congested Waters Oam/Lock Standing/Sitting on les, bows,& transom Failure to Vent Off Throttle Steering Loss Careless/Reckless
		INSURA				lown	0	other
IS VESSEL INSURED? ESTIMATED AMOUNT OF DAMAGE This Boat \$ Other Property \$	ESTIMATED AMOUNT OF DESCRIPTION OF DAMAGE TO THIS VESSEL DAMAGE This Boat							
DESCRIPTION OF OTHEI	R PROPERTY DAMAG	ED			NAME/	ADDRESS OF OWNER	R	
					PHON	E#()		
			PASSEN	IGERS				
NAME TELEPHONE NO.	ADDRESS		ATE OF RTH	NO INJU	D SED	MEDICAL TREATM ADMINISTERED?		WAS PFD WORN? Yes No What Type?
NAME	ADDRESS		ATE OF RTH		IRY D	MEDICAL TREATM ADMINISTERED?	IENT	WAS PFD WORN?
TELEPHONE NO.						🗌 YES 🗌 NC)	What Typo:
NAME TELEPHONE NO.	ADDRESS		ATE OF RTH		D SED	MEDICAL TREATM ADMINISTERED?		WAS PFD WORN? Yes No What Type?
NAME	ADDRESS		ATE OF RTH		RY	MEDICAL TREATM		WAS PFD WORN?
TELEPHONE NO.					SED)	What Type?
NAME TELEPHONE NO.	ADDRESS		ATE OF RTH	NO INJU	D SED	MEDICAL TREATM ADMINISTERED?		WAS PFD WORN? Yes No What Type?
NAME TELEPHONE NO.	ADDRESS		ATE OF RTH		RY D	MEDICAL TREATM ADMINISTERED?	IENT	WAS PFD WORN?
						YES NC)	

INCIDENT DATA CONTINUED

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OTHER VESSEL

Name of Operator	Address		Boat Number					
Telephone Number			Boat Name					
()								
Name of Owner	Address							
	01	THER WITNESSES						
Name Address			Telephone Number					
			()					
Name Address			Telephone Number					
			()					
Name Address			Telephone Number					
			()					
	PERSON	COMPLETING REPORT						
SIGNATURE		ADDRESS	Telephone Number					
			()					
QUALIFICATION (Check One)		7	Date Completed					
🗌 Operator 🔲 Òwner 🗌 Óther								

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE-----

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Indicate North w/ arrow

J

DIAGRAM OF INCIDENT

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

COMMENTS:

OPERATOR BOATING INCIDENT REPORT

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DETAILED DESCRIPTION OF INCIDENT

	NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
		SIGN/TORE	
L			