

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

PAGE 1 of _____

Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR				NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator							
LAST :	STREET 1 :	LAST :	STREET 1 :	FIRST :	STREET 2 :	FIRST :	STREET 2 :				
FIRST :	STREET 2 :	FIRST :	STREET 2 :	MI :	CITY :	MI :	CITY :				
MI :	CITY :	MI :	CITY :	PHONE NO :	STATE/ZIP :	PHONE NO :	STATE/ZIP :				
OPERATOR AGE AND DATE OF BIRTH yrs. / /				RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD					
OPERATOR'S EXPERIENCE				FORMAL INSTRUCTION IN BOATING SAFETY							
THIS TYPE OF BOAT Under 20 20-100 100-500 Over 500 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> American Red Cross <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other							
OTHER BOAT OPERATING EXP <input type="checkbox"/>											
BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.							
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION		CONSTRUCTION		STEERING	
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Water Craft <input type="checkbox"/> Airboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Other		<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other		<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet-drive <input type="checkbox"/> Air thrust <input type="checkbox"/> Other		No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____		Length ft Width ft Year Built Depth ft		<input type="checkbox"/> Remote <input type="checkbox"/> Other <input type="checkbox"/> Hand tiller	
HAS BOAT HAD A SAFETY EXAMINATION?											
<input type="checkbox"/> Yes <input type="checkbox"/> No For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other											

INCIDENT DATA

DATE OF INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER		LOCATION (give precisely) Lat: Long:				
STATE LOUISIANA		NEAREST CITY OR TOWN		PARISH	PARISH CODE				
WEATHER (check all applicable) <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		WATER CONDITIONS <input type="checkbox"/> Calm (less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current		TEMPERATURE Air _____ deg F Water _____ deg F DEPTH _____ ft		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)			
VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		TIME OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night							
PERSONAL FLOTATION DEVICES (PFD'S)				IGNITION AND THROTTLE		FIRE EXTINGUISHERS			
Was the boat adequately equipped with USCG APPROVED personal floatation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? <input type="checkbox"/> Type I (#) _____ <input type="checkbox"/> Type II (#) _____ <input type="checkbox"/> Type III (#) _____ Were PFDs properly: Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was the vessel carrying NON-APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind:		Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Engine equipped with Kill Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No Kill switch used? <input type="checkbox"/> Yes <input type="checkbox"/> No Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Unknown		WERE THEY USED? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types:	

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT



PAGE 3 of _____

OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ()		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ()
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

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

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT



PAGE 4 of _____

DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT

SIGNATURE

DATE COMPLETED

COMMENTS:
