

NEW HAMPSHIRE DEPARTMENT OF SAFETY
 Division of Safety Services, Concord, NH 03305

WATERCRAFT ACCIDENT REPORT

Every person operating any Commercial or Private Boat involved in an accident which results in personal injury or death in which the combined or total damages resulting in two thousand dollars or more shall report said accident immediately to the Director of Safety Services or his authorized representative and thereafter file a written report, with said Director n forms furnished by him within fifteen days following said accident.

RSA 270:1-A Sec. 1

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

NAME OF OPERATOR	AGE OF OPERATOR	OPERATOR'S EXPERIENCE:		
	DATE OF BIRTH	This type of boat	Other boat operating exp.	
OPERATOR TELEPHONE NUMBER	OWNER TELEPHONE NUMBER	<input type="checkbox"/> Under 20 hours	<input type="checkbox"/> Under 20 hours	
		<input type="checkbox"/> 20 to 100 hours	<input type="checkbox"/> 20 to 100 hours	
NAME AND ADDRESS OF OWNER	RENTED BOAT <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS ON BOARD	<input type="checkbox"/> 100 to 500 hours	<input type="checkbox"/> 100 to 500 hours
			<input type="checkbox"/> Over 500 hours	<input type="checkbox"/> Over 500 hours
		FORMAL INSTRUCTION IN BOATING SAFETY		
		<input type="checkbox"/> None	<input type="checkbox"/> State	
		<input type="checkbox"/> USCG Auxillary	<input type="checkbox"/> Other (Indicate)	
		<input type="checkbox"/> U.S. Power Squadron's		
		<input type="checkbox"/> American Red Cross		

VESSEL NO. 1 (This vessel)

BOAT REGISTRATION NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR HULL NUMBER
TYPE OF BOAT	HULL MATERIAL	ENGINE	BOAT DATA (Propulsion)	BOAT DATA (Construction)
<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"/> Other (Specify)	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Canvas <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard-Outboard <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	No. of Engines _____ Horsepower (total) _____ Type of Fuel _____	Length _____ Year manufactured _____
		Has the boat had a safety examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		For Current Year <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____		
		Indicate whether <input type="checkbox"/> USCG Auxiliary Courtesy Marine Exam <input type="checkbox"/> State / Local Exam <input type="checkbox"/> Other (Specify)		

ACCIDENT DATA

DATE OF ACCIDENT	TIME ____ AM ____ PM	NAME OF BODY OF WATER	LOCATION (Give location precisely) Latitude: _____ Longitude: _____
STATE	NEAREST TOWN OR CITY	COUNTY	

WEATHER	WATER CONDITIONS	TEMPERATURE (Estimate)	WIND	VISIBILITY
<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	<input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2 ft.) <input type="checkbox"/> Rough (waves 2 ft. to 6 ft.) <input type="checkbox"/> Very Rough (greater than 6 ft.) <input type="checkbox"/> Strong Current	Air _____ F Water _____ F	<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)	Day _____ Night _____ <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/>

OPERATION AT TIME OF ACCIDENT (Check all applicable)	TYPE OF ACCIDENT	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable)
<input type="checkbox"/> At Anchor <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> (other than fuel)	<input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Collision with vessel <input type="checkbox"/> Collision w / Fixed Obj. <input type="checkbox"/> Coll. w / Floating Obj. <input type="checkbox"/> Hits / Falls in Boat <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Weather <input type="checkbox"/> Excessive speed <input type="checkbox"/> No proper lookout <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Oper. Inexperience <input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Other (Specify)

PERSONAL FLOTATION DEVICES (PFD'S)

PROPERTY DAMAGE

Was the boat adequately equipped with CG Approved Flotation Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the vessel carrying NON approved flotation devices <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Amount
Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they accessible <input type="checkbox"/> Yes <input type="checkbox"/> No	This boat: \$
Were they used by survivors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they used <input type="checkbox"/> Yes <input type="checkbox"/> No	Other boat: \$
What type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		Other property: \$
Were PFD's 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	(Include any comments on PFD's under ACCIDENT DESCRIPTION ON OTHER SIDE OF FORM)	DESCRIBE PROPERTY DAMAGE

FIRE EXTINGUISHERS

Were they used - (If yes, list type(s) and number used.)
 Yes No N/A
 Type(s)

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY