

State of Nebraska

BOATING ACCIDENT REPORT

Game & Parks Commission
33-025 / rev. 8-01

The operator of every vessel involved in a boating accident is required to file a written report in duplicate whenever a boating accident results in loss of life, loss of consciousness, medical treatment, or disability in excess of 24 hours or property damage in excess of \$500.00. Reports in death and injury cases must be made within 48 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Nebraska Game and Parks Commission, PO Box 30370, Lincoln, NE 68503-0370. Any person failing to comply with these requirements is subject to a fine of \$100.00.

ACCIDENT DATA

DATE OF ACCIDENT	TIME a.m. p.m.	NAME OF BODY OF WATER	LOCATION (Be precise)	Accident No.
STATE		NEAREST TOWN	COUNTY	

VESSEL NO. 1 (Your Boat)	BOAT NUMBER	HULL I.D. NO.	VESSEL NO. 2 (Other Boat)	BOAT NUMBER	HULL I.D. NO.
OPERATOR LAST FIRST MIDDLE PHONE NO.			OPERATOR LAST FIRST MIDDLE PHONE NO.		
ADDRESS STREET OR RFD CITY AND STATE ZIP CODE			ADDRESS STREET OR RFD CITY AND STATE ZIP CODE		
DATE OF BIRTH AGE SEX			DATE OF BIRTH AGE SEX		

OPERATOR'S EXPERIENCE <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 101 to 500 hours <input type="checkbox"/> Over 500 hours	FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> State <input type="checkbox"/> Other (Indicate)	OPERATOR'S EXPERIENCE <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 101 to 500 hours <input type="checkbox"/> Over 500 hours	FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> State <input type="checkbox"/> Other (Indicate)
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TYPE OF BOAT <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	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Inflatable <input type="checkbox"/> Other	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard—Outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other No. of Engines	TYPE OF BOAT <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	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Inflatable <input type="checkbox"/> Other	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard—Outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other No. of Engines
Length	Year Boat Built	Total Horsepower	Length	Year Boat Built	Total Horsepower
Boat Make		Type of Fuel	Boat Make		Type of Fuel

NUMBER PERSONS ON BOARD (Include Skiers):	RENTED BOAT <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER PERSONS ON BOARD (Include Skiers):	RENTED BOAT <input type="checkbox"/> Yes <input type="checkbox"/> No
OWNER'S NAME, ADDRESS, TELEPHONE		OWNER'S NAME, ADDRESS, TELEPHONE	

ESTIMATED DAMAGE \$	VESEL #1	ESTIMATED DAMAGE \$	VESEL #2
DESCRIBE DAMAGE TO VESSEL #1		DESCRIBE DAMAGE TO VESSEL #2	

WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy	WATER CONDITIONS <input type="checkbox"/> Calm (Waves less than 6") <input type="checkbox"/> Choppy (Waves 6"-2') <input type="checkbox"/> Rough (Waves over 2'-6') <input type="checkbox"/> Very Rough (Greater than 6') <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air °F. Water °F.	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 Day Night <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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OPERATION AT TIME OF ACCIDENT (Check all that apply — Boat 1 & 2)	TYPE OF ACCIDENT	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all that apply — Boat 1 & 2)
#1 #2 <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"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than fuel) <input type="checkbox"/> Collision With Vessel	#1 #2 <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"/> Restricted Vision <input type="checkbox"/> Hazardous Waters
<input type="checkbox"/> At Anchor <input type="checkbox"/> Tied To Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls In Boat <input type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Other (Specify)	<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"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other (Specify)

OTHER PROPERTY DAMAGE INFORMATION

NAME & ADDRESS OF OWNER OF DAMAGED PROPERTY	Estimated Amount \$	DESCRIBE PROPERTY DAMAGE
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COMPLETE REVERSE SIDE

FLOTATION DEVICES — LIFE JACKETS			FIRE EXTINGUISHERS	
Was your boat properly equipped with USCG-approved flotation devices/life jackets? <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 Were they worn/used at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Specify: _____ Include comments about PFD's or life jackets under ACCIDENT DESCRIPTION.	Were life jackets: Properly adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No Properly sized <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your vessel carrying NON-approved flotation 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:	Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If "YES," list type(s) and number used:	

DECEASED or DISAPPEARED . . . If more than (3) fatalities, use additional form(s).

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?

INJURED . . . If more than (3) persons injured, use additional form(s).

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (Sequence of events. Include failure of equipment. If diagram is needed, attach separately. 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 life jackets.)

WITNESSES

NAME	ADDRESS	TELEPHONE
		Home: Business:
		Home: Business:
		Home: Business:

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	TELEPHONE
X		Home: Business:

QUALIFICATION: Operator Owner Investigator Other DATE SUBMITTED: _____

FOR REPORTING AUTHORITY REVIEW — Do Not Use — Use Agency Date Stamp

Causes based on (check one)	Name of Reviewing Office
<input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	Date Received
Primary Cause of Accident	Reviewed by
Secondary Cause of Accident	