DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard

RECREATIONAL BOATING ACCIDENT REPORT

OMB Control Number: 1625-0003 Expires: 12/31/2015

INSTRUCTIONS: Use "Report required because" section below to determine if a report is required for your accident. If required, please have each vessel owner or operator involved in the accident submit a report to their state reporting authority. Each boat operator/owner involved in an accident should submit a separate report. For each question below, please provide answers if applicable and if known; otherwise leave blank. Privacy Act Notice: Authority- 46 U.S.C. 6102 and 33 CFR 173 & 174 authorize the collection of information on boating accidents. Purpose-The Coast Guard uses this information for statistical purposes, chiefly to inform the public, to measure the Program's efforts, and to regulate issues relating to boating safety. Routine Uses-The Coast Guard shares this information within the agency, and if state and federal law permit it, to the public.

		REP	ORT S	UBMISSION	I				
At least one person in At least one injured person firs At least one person in At least one person in At least one person in recovered: All boat and other proby this accident totale Approximate value Approximate value Your or another boat Report submitted by (see Boat Operator (required)	If so, ont required If so, opeared an If so, of section from \$2,000 or other properties (or likely)	ny? not yet been ny? ear) caused	To be submitted within: 48 hours (if injury, disappearance or death) 10 days (if boat/property damage only) To be submitted to: (Local State Reporting Authority) Phone: You may submit any comments concerning the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503. Questions relating to the collection of this data should be sent to the Coast Guard. For State Agency Use Only						
Boat Owner (if operate		-	,		First Name	Last Name			
First Name	Last Name Phone				Phone: Primary Cause of Accident				
		ACC	IDENT	SUMMARY	,				
WHEN Date: (mm/dd/yyyy) WHERE Body of Water Name	am (select c	ACCIDENT DESCRIPTION: Briefly describe this accident (attach extra pages if necessary)							
Location (on water) descr		DAMAGE TO YOUR BOAT: Briefly summarize any damage to your boat							
County:	State:								
# people on board (included)		DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT) Briefly summarize any damage to your other property (not boat)							
# people being towed (e.g									
# people wearing lifejacke	red):								
OTHER BOATS INVOLV	ı								
# of <i>other</i> boats involved:									

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	For each qu	ıest	ion b	elow,	please	pro	ovide	answ	ers	IF A	PΡ	LIC	CABLE	AND IF I	KNO	WN, o	therwis	e lea	ve blank		
								,	YO	UR	ВС	DΑ	T								
ВС	OAT IDENTIFICAT	101	١																		
Yo	Your Boat Name:									Manufacturer:											
Мс	Model Name:							Model Year:													
Re	gistration #:										С	Оос	umentat	ion #:							
Hu (H	II Identification #								R	Rented: Yes No											
SIZ	ZE ESTIMATES	•																			
Le	ngth: ft.				nsom (nmost p					ft	t.			in.		Beam v	vidth at	wides	t point:		ft.
Нι	JLL MATERIAL																				
Ту	pe of Hull Material	(sele	ect or	ne)													1 1				
	Fiberglass				Wood								Rubber	vinyl/can	vas		(Other	(describe):	
	Aluminum				Steel								Plastic								
	DAT TYPE																				
Во	at Type (select one)				1 _			1	Da		امما		-# (DIA(C)				pulsion (select all that apply)			
	Cabin motorboat		Infla	table		Ca					onal watercraft <i>(PWC)</i> <i>Wave Runner</i> ™, <i>Jet</i>			′		Propeller		Air thrust			
	Open motorboat		Hou	seboat	t	Ro	owboa	at	Ski™, Sea-Doo™)					Sail			Other (describe		ribe):		
	Auxiliary sail			(only)		Ai	r boat	t	Other (describe)					Manual							
	Pontoon boat		Kaya	ak							Water jet										
	IGINE		'n ain		and h			07 (00)	t -	na\					T-		- /!	4 - 11 41-	-41		
	Engines anufacturer		T		and h										F				nat apply)		
IVIC	indiacturei			utboard		Ste	erndri	ive (1/0	O)		Inbo	oard	d	None		Gaso	oline	D	iesel		Electric
Total horsepower: hp																					
	FETY MEASURE																				
	rganizations that har quipment, e.g., lifejad									on b	oar	d yo	I				(includir	ng car	riage of s	afet	<i>y</i>
	US Coast Guard A	uxil	iary:	VSC	Decal'	?	Υ	⁄es	1	No				ederal Agency (Name		me)					
US Power Squadrons: VSC Decal? Yes				⁄es	No					Agency (A		•									
# 1	ifo igakata an baard			# Eiro	ovting	uioh	oro or	a boor	4.		-	Other Agency (Name) Type of fire extinguishers (e.g., ABC):									
# L	ife jackets on board	•			exting Fire ex				-												
						Ť					VT	Amount of fire extinguishers used: XTERNAL CONDITIONS									
۱۸/	EATHER				CID		1 0.	- 1 71			<u> </u>		VIVAL	COND		7143					
	verall weather was	(se	lect o	ne)		T	lt wa	s (sele	ect o	ne)	Τv	isik	nility wa	s (select	one)	Wir	nd was	(selec	ct one)		
	Clear	(00)		ining				Day	00.01	10)	Ť	Visibility was (select on Good			0110)		ind was (select one) 0 mph (none)				
	Cloudy		Sno	owing			Night					Fair					Over 0,	er 0, up to 12 mph (light)			
	Foggy		Haz	zy								Poor				Over 12, up to 25 r					
Other (describe): Approxima					ate ai	r ter	npe	erati	ure:	٥F	F		Over 25, up to 55 mph (strong) Over 55 mph (stormy)								
W	ATER																0 7 61 36	rinpii	(Storring)		
	erall water condition	ons	(sele	ct one):				Oth	er w	/ate	er c	ondition	ns:							
	Up to 6 in. waves		•	3. 0.10)	· -				J.11	J. VI		. 0		oroximate	wate	er temp	erature:		oF	:	
	Over 6 in., up to 2			(chop	py)											trong cu			Yes		No
	Over 2 ft., up to 6								Haz	ardo	ous	wa	ters? (e.	g., rapid t					Yes		No
	Over 6 ft. waves (very rough)					Congested waters? Yes No															

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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank. ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT **OPERATOR/PASSENGER ACTIVITIES** Operator/passenger activities on your boat at time of accident: **Operator/Passenger activities** (select all that apply) Activities were (select one) Recreational Fishing **Tubing** Starting engine Commercial Hunting Water Skiing Making repairs White water activity (e.g., rafting) Relaxing Other (list): **BOAT OPERATIONS** Your boat operations at time of accident (select all that apply) Cruising (underway under power) Drifting Racing Towing another vessel Rowing/paddling Changing direction At anchor Launching Changing speed Being towed Docking/undocking Tied to dock/mooring Other (list) Sailing ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT CONTRIBUTING FACTORS Indicate factors on your boat which may have contributed to this accident (select all that apply) Alcohol use Improper lookout Dam/lock Starting in gear Drug use Sharp turn Operator inattention Force of wake/wave Restricted vision (e.g., fog) Excessive speed Operator inexperience Hazardous waters Improper anchoring Language barrier Heavy weather Mission/inadequate aids to navigation (e.g., buoy, daymarker) Improper loading Navigation rules violation Ignition of fuel or Inadequate on-board navigation vapor lights Hull failure Overloading Failure to vent People on gunwale, bow or transom Other (describe): **ACCIDENT DETAILS - YOUR BOAT MACHINERY/EQUIPMENT FAILURE** Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply) Onboard lights **Engine** Shift Sound equipment (e.g., horn, whistle) Electrical system Seats Radio Auxiliary equipment Fuel system Fire extinguisher Other (list): Steering Sail/mast Throttle Ventilation Onboard navigation aids (e.g., GPS) ACCIDENT DETAILS - EVENTS ON YOUR BOAT **ACCIDENT EVENTS** Types of events occurring to/on your boat during accident (select all that apply) Collision with recreational boat Person fell overboard Flooding/swamping Collision with commercial boat (e.g., tug, barge) Fire/explosion - fuel Person fell on/within boat Collision with fixed object (e.g., dock, bridge) Fire/explosion - non-fuel Sudden medical condition Collision with submerged object (e.g., stump, Carbon monoxide exposure Person struck by boat cable) Collision with floating object (e.g., log, buoy) Mishap of skier, tuber, wake Person struck by propeller or propulsion boarder, etc. Capsizing Person left boat voluntarily Person electrocuted Grounding Person ejected from boat (caused by collision or maneuver) Sinking Other (describe)

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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - YOUR BOATINJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by *your boat*, receiving *or in need of* treatment beyond first aid. *Do not report* injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, people on a dock). *If more than one* injured person to report, attach additional copies of this page. *If none*, SKIP INJURED PEOPLE section.

INJURED PERSON												
First Name M				l	_ast Name							
Street												
City		5	State				Zip					
Phone Date of Birth (mm/dd/yyyy)												
INJURY DETAILS		•										
Injury caused when person (select all that apply)						ature of most serio	ous injury (seled	ct one)				
Struck the (e.g., boat, water):						Scrape/bruise		Disloc	ation			
Was struck by a (e.g., boat, propeller):	Was struck by a (e.g., boat, propeller):					Cut		Intern	al organ in	jury		
Was exposed to carbon monoxide poiso	ning					Sprain/strain		Ampu	tation			
Received an electric shock						Concussion/brain	n injury	Burn				
Other (describe):						Spinal cord injury	y	Other (describe):				
Person was wearing lifejacket?		Yes		No		Broken/fractured	bone					
Person received treatment beyond first ai	d?	Yes		No	Вс	ody part of <i>most ser</i>	rious injury (e.g.,	head, ti	runk, leg):			
Person was admitted to a hospital?		Yes		No								
ACCIDENT DET	ΓAILS	- Y	OUR	BOA	T -	- DEATHS/DIS	SAPPEARAN	NCES				
Only report deaths/disappearances of peopl If more than one death/disappearance to report If none, SKIP DEATHS/DISAPPEARANCES	port, atta	ach ac										
PERSON WHO DIED/DISAPPEARED												
First Name		N	MI	l l	Last Name							
Street				'								
City		5	State									
Phone			Date of mm/dd/			Age						
DETAILS OF DEATH/DISAPPEARANG	CE											
Injury caused when person (select all that	apply)				Nature of death/disappearance (select one)							
Struck the (e.g., boat, water):					Death – by drowning							
Was struck by a (e.g., boat, propeller):					Death – other likely cause (describe)							
Was exposed to carbon monoxide poiso	ning											
Received an electric shock						Disappeared and not yet recovered						
Other (describe):						Person was wearing lifejacket? Yes No						
•												

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For each ques	tion below, please provi	de answers	IF APPI	LICABLE AND IF	KNOWN, otherwis	se lea	ave blank.			
	ACCIDENT	DETAILS	– YOU	IR BOAT OPE	RATOR					
OPERATOR INSTRUC	TION	OPERATOR SAFETY MEASURES								
Boating safety instruction	on completed (select all th	at apply)	On board, prior to accident, was operator wearing:							
None			A lifejacket? Yes 1							
State course				n engine cut-off sw	ritch (Lanyard or wirel device) if equippe		Yes	No		
USCG Auxiliary course)	On boa	ard, prior to accide	ent, was operator usin						
US Power Squadrons	course			Alcoh	nol?	Yes	No			
Internet (name of spon	soring organization)				Dru	gs?	Yes	No		
Other (describe)			Operato	or arrested for Boa	ting Under the Influer	nce?	Yes	No		
			V	/eather reports cor	nsulted prior to accide	ent?	Yes	No		
OPERATOR EXPERIE	NCE						<u> </u>			
Experience operating thi	is type of boat (select one	·)								
0 to 10 hours	Over 10, up to 100 ho	urs		Over 100, up to 50	00 hours	(Over 500 hours			
	ACCIDEN [*]	T DETAIL	S – 01	THER KEY PE	OPLE					
	ole <i>not already documented</i> people to report, attach ac				or/owner of <i>your</i> boat	t.				
NAME/ADDRESS										
Other boat operator	as a(n) (select all that appl Other boat owner		other da	maged property	Passenger on y	our bo	oat W	/itness		
First Name		МІ	Last Name							
Street										
City		State		Zip	Phone					
Other boat name (if any)			Other boat registration # (if any)							
NAME/ADDRESS										
This other key person wa	as a(n) (select all that appl	'y)								
Other boat operator	Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witn									
First Name		Last Name								
Street										
City		State	Zip Phone							
Other boat name (if any)		Other boat registration # (if any)								

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For each question bel	ow, please provide	answers IF	API	PLICABLE A	ND IF KNOWN, ot	herwise leave blank.					
	Y	OUR BOA	T C	PERATOR	2						
NAME/ADDRESS											
First Name		MI	La	Last Name							
Street			1								
City		State	ate Zip								
AGE/GENDER/PHONE											
Date of Birth (mm/dd/yyyy)					Female	Phone					
	YOUR BOAT OWNER										
If same as your boat operator	SKIP rest of YOUR	BOAT OW	NER	section.							
NAME/ADDRESS/PHONE											
First Name		MI	La	st Name							
Street			I								
City	State	Zij)		Phone						
	PERSON	N SUBMIT	TIN	IG THIS RE	EPORT						
If same as your boat operator	OR <i>owner</i> , SKIP re	st of PERSC	ON S	SUBMITTING	THIS REPORT se	ection.					
NAME/ADDRESS/PHONE/RC	DLE										
First Name		MI	Last Name								
Street			1								
City		State	Zij)		Phone					
I was a(n) (select one)		•	1								
Other person on board this bo											
Accident witness <i>not</i> on board	d <i>this</i> boat										
Other (describe):											
Si	GNATURE OF	PERSON	SU	BMITTING	THIS REPOR	Г					
Your signature	OIT TO THE OIL	LICOIT		5	THIS IXEL SIX	Date (mm/dd/yyyy)					
						2000 (
An Anna arrangan at a restrict											

An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number.

The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

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