

PFBC-260 (1/03)		BOATING ACCIDENT REPORT		
Instructions: State Law requires this report to be completed and filed within 48 hours by the operator of any boat involved in an accident resulting in death, disappearance or injury requiring medical treatment beyond first aid. Accidents involving aggregate property damage exceeding \$2000 must be reported within 10 days. If the operator is unable, the owner of every vessel involved must report the accident. All reports are confidential and for the use of the Commission for boating safety purposes only. Reports must be sent to: PA Fish & Boat Commission, Bureau of Boating & Education, P.O. Box 67000, Harrisburg, PA 17106-7000.				
COMPLETE ALL BLOCKS. (indicate those not applicable by "NA")				
NAME AND ADDRESS OF OPERATOR		AGE OF OPERATOR DATE OF BIRTH		OPERATOR'S EXPERIENCE This type of boat Other Boat Operating Exp. <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 <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
OPERATOR TELEPHONE NUMBER		OWNER TELEPHONE NO.		
NAME AND ADDRESS OF OWNER		RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS ON BOARD	FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify)_____
VESSEL NO. 1 (this vessel)				
BOAT REGISTR. NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL IDENTIFICATION NO.
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 (Specify)_____	HULL MATERIAL <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 (Specify)_____	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 (Specify)_____	PROPULSION No. of engines _____ Horsepower (total) _____ Type of fuel _____	CONSTRUCTION Length _____ Year built (boat) _____
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 Year _____ Indicate whether <input type="checkbox"/> USCG Auxiliary Courtesy Marine Exam. <input type="checkbox"/> State/local examination <input type="checkbox"/> Other				
ACCIDENT DATA				
DATE OF ACCIDENT	TIME am pm	NAME OF BODY OF WATER	LOCATION (Give location precisely)	
STATE	NEAREST CITY OR TOWN		COUNTY	
WEATHER <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 (waves 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 (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"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <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"/> Drifting <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"/> Paddling	<input type="checkbox"/> Colliding with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking		<input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than fuel) <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)_____	
PERSONAL FLOTATION DEVICES (PFD'S)		PROPERTY DAMAGE	FIRE EXTINGUISHERS	
Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION 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 Were they used by survivors? <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) _____ 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		Was the vessel carrying <u>NON</u> 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 _____	Estimated amount This Boat \$ _____ Other Boat \$ _____ Other Property \$ _____	Were they used? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Types: _____
		DESCRIBE PROPERTY DAMAGE		
		NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY		
Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form				

COMPLETE OTHER SIDE

If more than 3 fatalities and/or injuries, attach additional form(s).

DECEASED

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 <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
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 <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
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 <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?

INJURED

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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 PFD's.)

VESSEL NO. 2 (if more than 2 vessels, attach additional form(s)).

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

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"/> Investigator <input type="checkbox"/> Other		Date Submitted

(do not use) - FOR REPORTING AUTHORITY REVIEW (use agency date stamp)

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