## TEXAS PARKS AND WILDLIFE DEPARTMENT 4200 SMITH SCHOOL ROAD AUSTIN, TEXAS 78744

## BOATING ACCIDENT REPORT TEXAS WATER SAFETY ACT

## "CONFIDENTIAL" NOT ADMISSIBLE IN COURT AS EVIDENCE

The operator of every vessel is required to file a report in writing whenever a boating accident results in death or injury to any person or property damage in excess of \$500. Reports must be submitted to Law Enforcement Division, Parks and Wildlife Department (address above) within thirty (30) days from date of accident.

					•								
1. COMPLETE ALL BLO	CKS (Indicate th	nose not appl	icable by "NA	") PERSONA	AL DA	TA							
A. NAME AND ADDRESS OF OPERATOR  ZIP				B. DOB:			C. OPERATOR'S EXPERIENCE						
				AGE:		THIS TYPE (					OTHER BOAT OPERATING EXP.		
				E. OWNER TEL. NO.		. NO. 1 ☐ UNDEF 2 ☐ 20 TO						ER 20 HOURS	
D. OPERATOR TELEPHONE NO.							3 100 TO 4 OVER 5	500	HOUR	S 7 🗖 1	6 □ 20 TO 100 HOURS 7 □ 100 TO 500 HOURS 8 □ OVER 500 HOURS		
F. NAME AND ADDRESS OF OWNER				G. RENTED H. NO. OF			I. FORMAL INSTRUCTIONS IN BOATING SAFETY					ΓING SAFETY	
				BOAT		RSONS 1 NONE I BOARD 2 DUSCG A			5 ☐ STATE				
	1 🖸 YES	ONE	SOARD		2 ☐ USCG AUXILIARY 6 ☐ OTHER (indicate) 3 ☐ US POWER SQUADRON								
					ICAN RED CROSS								
2. VESSEL NO. 1													
A. BOAT NUMBER (TX)	C BOAT M/	C. BOAT MAKE		) BOAT	MODEL			F ME	E. MFR HULL IDENTIFICATION NO.				
7. BOM NOMBER (174)	B. BOAT NAME											ole is entitional forms.	
F. TYPE OF BOAT	G. HULL MATERIAL		H. ENGINE		1.	I. BOAT DATA (Propul			·			DATA (Construction)	
1 OPEN MOTORBOAT 2 CABIN MOTORBOAT	1 ☐ WOOD 2 ☐ ALUMINUM		1 ☐ OUTBOARD 2 ☐ INBOARD GASOLINE			1 NO. OF ENGINES_ 2 MAKE OF ENGINES			1 LENGTH S 2 WIDTH (				
3 AUXILIARY SAIL	3 STEEL		3 INBOARD GASOLINE			3 HORSEPOWER (tot						H (inner transom	
4 SAIL (only)		4 TIBERGLASS (plastic)		4 ☐ INBOARD-OUTDRIVE		4 YEAR BUILT (engin			ne)		to keel)		
5 ☐ ROWBOAT 6 ☐ OTHER (specify)	5 OTHER (sp	ecify)	5  OTHER (specify) 6  JET DRIVE			5 TYPE OF FUEL			4 YEAR E		EAR I	BUILT (boat)	
7 PERSONAL													
WATERCRAFT													
3. ACCIDENT DATA		T											
A. DATE OF ACCIDENT	B. TIME 1 <i>AM</i> 2 <i>PM</i>	1 <i>AM</i>				D. LOCATION (give location precisely)							
E. STATE	F. NEAREST CITY OR TOWN				G. COUNTY								
TEXAS													
H. WEATHER	I. WATER COI	NDITIONS	J. TEMPER	TEMPERATURES			K. WIND			L. VISIBILIT	SIBILITY M. WEATHER		
1 ☐ CLEAR 4 ☐ RAIN	1 ☐ CALM		(Estimates)			1 D NONE				1 🛘 GOOD	GOOD ENCOUNTERE		
2 CLOUDY 5 SNOW			1 AIR°F			2 LIGHT (0-6 mph) 3 MODERATE (7-14 I 4 STRONG (15-25 m)				2 🔲 FAIR			
3 ☐ FOG 6 ☐ HAZY										3 🗖 POOR			
	5 STRONG CURRENT		2 WATER°F			5 STORM (over 25 m)							
N. OPERATION AT TIME O	F ACCIDENT		O. TYPE OF ACCIDENT						P. IN YOUR OPINION, WHAT CAUSED THE				
1 COMMERCIAL ACTIVITY 9 AT ANCHOR			VESSE 1 GROUNDING 6 VESSE			EL ESSEL COLLISION			ACCIDENT				
2 CRUISING	CRUISING 10 TIED TO DOCK APPROACHING DOCK 11 TIED TO DOCK					FIXED OBJECT COLLISION			1  WEATHER CONDITIONS 8  FAULT OF HULL 2 EXCESSIVE SPEED 9 FAULT OF				
4 WATER SKIING	12 D FISHING					LOATING OBJECT COLLISION			3 NO PROPER LOOKOUT MACHINERY				
5 RACING	13 HUNTING		4 SINKING 9 01 5 FIRE OR EXPLOSION			THER (specify)			<ul> <li>4 □ OVERLOADING</li> <li>10 □ FAULT OF</li> <li>5 □ IMPROPER LOADING</li> <li>EQUIPMENT</li> </ul>			10 TAULT OF	
6 ☐ TOWING 7 ☐ BEING TOWED	14 🔲 SKIN DIVI SWIMMIN									6 ☐ HAZARDOUS WATERS 11 ☐ ALCOHOL USE			
8 DRIFTING	15 🗖 OTHER (s	1 D EALLS ON	PERSONAL  1  FALLS OVERBOARD 4  HIT BY			AL 7 RES			RESTRICTED VI	STRICTED VISION 12 DRUG USE			
			2 PALLS IN BOAT 5 OT									13 🔲 OTHER	
		3 🗖 BURNS		(spe	specify)								
4. PERSONAL FLOTATION										E EXTINGU			
			IE VESSEL CARRYING				A. WERE THEY USED-(If yes, list type(s) and						
			APPROVED ING DEVICES ☐ YES ☐ NO			□ NO	1 ☐ YES number used.)						
			1	THEY ACCESSIBLE  YES  NO					2 NO				
2. WERE THEY WORN						APPLICABLE							
C. PROPERTY DAMAGE (6	∌stimate)   D.	DESCRIBE	PROPERIYD	JAMAGE									
2. OTHER BOAT \$													
3. OTHER PROPERTY \$													
E. NAME AND ADDRESS O	J⊦ OWNER <i>(dan</i>	naged propert	iy)										

6. DECEASED								
A. NAME B. ADDRESS		710	C. DATE OF BIRTH	D. WAS VICT  1 SWIMMER  2 NON-SWI	₹	E. DEATH CAUSED BY 1 □ DROWNING 2 □ DISAPPEARANCE 3 □ OTHER		
A. NAME B. ADDRESS		ZIP	C. DATE OF BIRTH	D. WAS VICT	3	E. DEATH CAUSED BY 1 ☐ DROWNING 2 ☐ DISAPPEARANCE		
A. NAME	ZIP ZIP	C. DATE OF BIRTH	C. DATE OF D. WAS VICTIM		3 OTHER  E. DEATH CAUSED BY 1 DROWNING 2 DISAPPEARANCE 3 OTHER			
7. INJURED		ZIF				0 <b>2</b> 0 E.K		
A. NAME	B. ADDRESS		C. DATE OF BIRTH	D. NATURE C	OF INJURY	E. INCAPACIT	?	
		ZIP				1 🗆 YES	2 🗖 NO	
A. NAME	B. ADDRESS		C. DATE OF BIRTH	D. NATURE C	OF INJURY	E. INCAPACIT 24 HOURS		
		ZIP						
A. NAME	B. ADDRESS		C. DATE OF BIRTH	D. NATURE	OF INJURY	IRY E. INCAPACITATED OVER 24 HOURS? 1 DYES 2 D NO		
8. ACCIDENT DESCRIPTION		ZIP						
9. VESSEL NO. 2								
A. NAME OF OPERATOR		B. ADDRESS			C.	C. BOAT NUMBER		
D. TELEPHONE NUMBER		1				BOAT NAME		
D. TELEPHONE NUMBER				ZIP	E.	BOAT NAME		
F. NAME OF OWNER		G. ADDRESS						
				ZIP				
10. WITNESSES								
A. NAME		B. ADDRESS		ZIP	C.	TELEPHONE NU	MBER	
A. NAME		B. ADDRESS ZIP				C. TELEPHONE NUMBER		
A. NAME		B. ADDRESS	. ADDRESS ZIP			C. TELEPHONE NUMBER		
11. PERSON COMPLETIN	IG REPORT				'			
A. NAME		B. ADDRESS			C.	C. DATE SUBMITTED		
				ZIP	D.	TELEPHONE		
12. (Do not use)—FOR REPOR	RTING AUTHORITY REVIE	W						
A. PRIMARY CAUSE OF ACCID	ENT		B. CAUSES I	BASED ON (che	ck one)			
		1 🗆 THIS I 2 🖸 INVES		NVESTIGATION AND THIS REPORT COULD NOT BE DETERMINED				
C. SECONDARY CAUSE OF AC	CIDENT		D. REVIEWE	D BY		E. DATE		