

This form must be submitted whenever a watercraft accident results in:  
 1. Loss of Life                      2. Injury beyond First Aid.                      3. Property Damage over \$100.

**PLEASE TYPE OR PRINT. COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")**

Time & Place	DATE OF ACCIDENT / /	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER	<input type="checkbox"/> LAKE	<input type="checkbox"/> RIVER	<input type="checkbox"/> POND/DITCH	
	LOCATION (Give Location Precisely)			NEAREST TOWN/CITY	<input type="checkbox"/> OTHER (Specify)		
				COUNTY			

<b>WATERCRAFT # 1</b>	OPERATOR (Last, First Middle) ADDRESS: _____		OPERATOR'S DATE OF BIRTH ____/____/____		OPERATOR'S EXPERIENCE (check one from each type)						
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-____-____ WORK ( ) _____-____-____		OPERATOR'S AGE _____		This Type of Boat                      Other Types of Boats <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 <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown						
	OWNER: (Last, First Middle) ADDRESS: _____		WAS BOAT RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO WAS BOAT COMERCIALY OUTFITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR'S FORMAL INSTRUCTION IN BOATING SAFETY (Check All that Apply)						
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-____-____ WORK ( ) _____-____-____		NO. OF PERSONS ON BOARD _____		<input type="checkbox"/> State _____ <input type="checkbox"/> None Certificate Number <input type="checkbox"/> Unknown <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (Specify) <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> American Red Cross						
	BOAT NUMBER (State & Number)		BOAT MAKE		BOAT MODEL		MFG HULL IDENTIFICATION NO.		BOAT NAME		
TYPE OF BOAT (Check One) <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Raft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Other <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Rowboat (non-motorized) <input type="checkbox"/> Canoe / Kayak <input type="checkbox"/> Personal Watercraft (jet ski) <input type="checkbox"/> Pontoon		HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass (plastic) <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other (Specify)		ENGINE (check one) <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Water Jet <input type="checkbox"/> None <input type="checkbox"/> Other (Specify)		BOAT DATA (Propulsion) Number of Engines _____ Make of Engine(s) _____ Horsepower (total) _____ Year Built (Engine) _____		BOAT DATA (Construction) Length _____ Feet _____ Inches Year Built _____ (Boat)			
PERSONAL FLOTATION DEVICES (Answer All Questions)			If Yes What Type			FIRE EXTINGUISHERS			LIGHTS (Answer All Questions)		
Yes No <input type="checkbox"/> <input type="checkbox"/> Was boat adequately equipped with CG Approved Lifesaving Devices <input type="checkbox"/> <input type="checkbox"/> Were PFD's Accessible <input type="checkbox"/> <input type="checkbox"/> Were PFD's Used			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were approved fire extinguishers used (Check Yes or No only if there was a fire)			Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was boat equipped with required lights (If operating after sunset) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were lights used (If operating after sunset)		

<b>WATERCRAFT # 2</b>	OPERATOR (Last, First Middle) ADDRESS: _____		OPERATOR'S DATE OF BIRTH ____/____/____		OPERATOR'S EXPERIENCE (check one from each type)						
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-____-____ WORK ( ) _____-____-____		OPERATOR'S AGE _____		This Type of Boat                      Other Types of Boats <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 <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown						
	OWNER: (Last, First Middle) ADDRESS: _____		WAS BOAT RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO WAS BOAT COMERCIALY OUTFITTED / GUIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR'S FORMAL INSTRUCTION IN BOATING SAFETY (Check All that Apply)						
	CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____-____-____ WORK ( ) _____-____-____		NO. OF PERSONS ON BOARD _____		<input type="checkbox"/> State _____ <input type="checkbox"/> None Certificate Number <input type="checkbox"/> Unknown <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (Specify) <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> American Red Cross						
	BOAT NUMBER (State & Number)		BOAT MAKE		BOAT MODEL		MFG HULL IDENTIFICATION NO.		BOAT NAME		
TYPE OF BOAT (Check One) <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Raft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Other <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Rowboat (non-motorized) <input type="checkbox"/> Canoe / Kayak <input type="checkbox"/> Personal Watercraft (jet ski) <input type="checkbox"/> Pontoon		HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass (plastic) <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Rubber (Vinyl) <input type="checkbox"/> Other (Specify)		ENGINE (check one) <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Water Jet <input type="checkbox"/> None <input type="checkbox"/> Other (Specify)		BOAT DATA (Propulsion) Number of Engines _____ Make of Engine(s) _____ Horsepower (total) _____ Year Built (Engine) _____		BOAT DATA (Construction) Length _____ Feet _____ Inches Year Built _____ (Boat)			
PERSONAL FLOTATION DEVICES (Answer All Questions)			If Yes What Type			FIRE EXTINGUISHERS			LIGHTS (Answer All Questions)		
Yes No <input type="checkbox"/> <input type="checkbox"/> Was boat adequately equipped with CG Approved Lifesaving Devices <input type="checkbox"/> <input type="checkbox"/> Were PFD's Accessible <input type="checkbox"/> <input type="checkbox"/> Were PFD's Used			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were approved fire extinguishers used (Check Yes or No only if there was a fire)			Yes No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was boat equipped with required lights (If operating after sunset) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were lights used (If operating after sunset)		

<b>ACCIDENT DESCRIPTION</b>	<b>OPERATOR AT TIME OF ACCIDENT</b> <i>(Check all that apply for each Watercraft)</i>	<b>WHAT CONTRIBUTED TO THE ACCIDENT</b> <i>(Check All That Apply)</i>	<b>OPERATORS CONDITION</b> <i>(Check for each operator)</i>	<b>WEATHER</b> <i>(Check One Only)</i>																																																																																																																																											
	<table style="width:100%; border:none;"> <tr> <td style="width:5%;">#1</td> <td style="width:5%;">#2</td> <td><input type="checkbox"/> Fishing</td> <td><input type="checkbox"/> Operator Inexperience</td> <td><input type="checkbox"/> Operator Inattention</td> <td>#1</td> <td>#2</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cruising</td> <td><input type="checkbox"/> Weather Conditions</td> <td><input type="checkbox"/> Improper Loading</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cloudy</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Anchored</td> <td><input type="checkbox"/> Excessive Speed</td> <td><input type="checkbox"/> Hazardous Waters</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Drifting</td> <td><input type="checkbox"/> No Proper Lookout</td> <td><input type="checkbox"/> Fault of Equipment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rain</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Approaching/Leaving Dock</td> <td><input type="checkbox"/> Overloading</td> <td><input type="checkbox"/> Other (Specify)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Snow</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Tied to Dock</td> <td><input type="checkbox"/> Alcohol / Drug Use</td> <td></td> <td colspan="2">1) 0. BAC 2) 0. BAC</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> On Boat Lift</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Fueling</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Water Sports (Skiing etc.)</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Towing a Boat</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Being Towed by Another Boat</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Racing</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Hunting</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Scuba Diving or Swimming</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Whitewater Sports</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other (Specify)</td> <td></td> <td></td> <td colspan="2"></td> <td></td> </tr> </table>	#1	#2	<input type="checkbox"/> Fishing	<input type="checkbox"/> Operator Inexperience	<input type="checkbox"/> Operator Inattention	#1	#2	<input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cruising	<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cloudy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anchored	<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drifting	<input type="checkbox"/> No Proper Lookout	<input type="checkbox"/> Fault of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approaching/Leaving Dock	<input type="checkbox"/> Overloading	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Snow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tied to Dock	<input type="checkbox"/> Alcohol / Drug Use		1) 0. 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<b>DESCRIBE WHAT HAPPENED</b> (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.)          																																																																																																																																															

<b>VICTIM(S)</b>	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	DATE OF BIRTH _____	LOCATION WHERE VICTIM WAS FOUND _____	<b>WAS VICTIM</b> <i>(Check that Apply)</i> <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Wearing a PFD <input type="checkbox"/> Not Wearing a PFD <input type="checkbox"/> Unknown
		DATE AND TIME OF RECOVERY / / : _____ AM _____ PM	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> NATURE OF INJURY _____ <input type="checkbox"/> DEATH CAUSED BY _____		
	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	DATE OF BIRTH _____	LOCATION WHERE VICTIM WAS FOUND _____	<b>WAS VICTIM</b> <i>(Check that Apply)</i> <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Wearing a PFD <input type="checkbox"/> Not Wearing a PFD <input type="checkbox"/> Unknown
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	<input type="checkbox"/> NATURE OF INJURY _____ <input type="checkbox"/> DEATH CAUSED BY _____			

<b>DAMAGE</b>	<b>ESTIMATE OF DAMAGE</b>	<b>DESCRIPTION OF DAMAGE</b>	<b>OTHER PROPERTY OWNER</b> NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
	Watercraft #1 \$ _____		
	Watercraft #2 \$ _____		
	Other Property \$ _____		
	Total \$ _____		

<b>WITNESSES</b>	<b>WITNESS 1</b> NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ - _____ WORK ( ) _____ - _____	<b>WITNESS 2</b> NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ - _____ WORK ( ) _____ - _____
	<b>LOCATION AT TIME OF ACCIDENT</b>	

<b>INVESTIGATOR</b>	<b>INVESTIGATOR</b> NAME (Last, First Middle) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: HOME ( ) _____ - _____ WORK ( ) _____ - _____	<b>INVESTIGATING DEPARTMENT / AGENCY</b> _____ <b>ACTIONS TAKEN BY INVESTIGATOR</b> _____ _____ _____
	<b>ARRESTS OR WARNINGS</b> <i>(Last, First Middle)</i>	<b>INVESTIGATOR'S PRINTED NAME / SIGNATURE</b>
	NAME: _____ Statute Number # _____ Ticket Number # _____ NAME: _____ # _____ # _____	 

<b>STATE</b>	<b>NAME OF REVIEWING OFFICE</b> Montana Fish, Wildlife & Parks	<b>REVIEWED BY</b> _____
	Reports should be forwarded to: ENFORCEMENT, MONTANA FISH, WILDLIFE & PARKS, 1420 East 6 <sup>th</sup> Ave, P.O. Box 200701, HELENA, MT 59620-0701	