STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
BUREAU OF OUTDOOR RECREATION
BOATING DIVISION
P.O. BOX 280, 333 FERRY ROAD
OLD LYME, CT 06371-0280
W: 860-434-8638, F: 860-434-3501

PD Case No.

Department

REV 5/13

Short form may only be used if damage is less than $2,000, there are no injuries, and no deaths as a result of the accident.

SUMMARY OF INVESTIGATION

DATE OF ACCIDENT	TIME	TOWN OF INCIDENT	BODY OF WATER	EXACT LOCATION

NO. OF VESSELS	TOTAL DAMAGE	COORDINATES (Degrees, Minutes, Seconds)	COORDINATES (GPS Style: Degrees, Decimal Minutes)
	$	___° ___' ___" N ___° ___' ___" W	___° ___.___' N ___° ___.___' W

ALCOHOL USE	DRUG USE

PRIMARY TYPE OF ACCIDENT	SECONDARY TYPE OF ACCIDENT	PRIMARY CAUSE OF ACCDIENT	SECONDARY CAUSE OF ACCDIENT	TERTIARY CAUSE OF ACCDIENT

WEATHER	WATER CONDITIONS	STRONG CURRENT	CONGESTED WATERS	HAZARDOUS WATERS (e.g. Rapid Tidal Flows, Currents, etc.)

WIND	VISIBILITY	TIME OF DAY	WEATHER ENCOUNTERED	AIR TEMPERATURE (EST)	WATER TEMPERATURE (EST)
				°F	°F

VESSELS INVOLVED IN ACCIDENT

VESSEL # 1 OPERATOR INFORMATION

LAST NAME	FIRST NAME	IS OWNER?

ADDRESS	PFD ON?

D.O.B.	AGE	SEX	SBC / CPWO #

BOATING EXPERIENCE (THIS BOAT)	BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION	PAST ACCIDENT(S)	HOME PHONE

VESSEL # 2 OPERATOR INFORMATION

LAST NAME	FIRST NAME	IS OWNER?

ADDRESS	PFD ON?

D.O.B.	AGE	SEX	SBC / CPWO #

BOATING EXPERIENCE (THIS BOAT)	BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION	PAST ACCIDENT(S)	HOME PHONE

VESSEL # 1 OWNER INFORMATION

LAST NAME	FIRST NAME	RENTED BOAT

ADDRESS

HOME PHONE	RELATIONSHIP TO OPERATOR

VESSEL # 2 OWNER INFORMATION

LAST NAME	FIRST NAME	RENTED BOAT

ADDRESS

HOME PHONE	RELATIONSHIP TO OPERATOR

VESSEL # 1 INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.

VESSEL TYPE	VESSEL MAKE	VESSEL MODEL

TYPE OF HULL MATERIAL

YEAR	LENGTH	TOTAL H.P.	ENGINE TYPE	No. ENG
	Ft. In.	H.P.		

INSURANCE COMPANY	POLICY NUMBER

DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel)

VESSEL # 2 INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.

VESSEL TYPE	VESSEL MAKE	VESSEL MODEL

TYPE OF HULL MATERIAL

YEAR	LENGTH	TOTAL H.P.	ENGINE TYPE	No. ENG
	Ft. In.	H.P.		

INSURANCE COMPANY	POLICY NUMBER

DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel)

OTHER PROPERTY DAMAGE (Nature, extent and of damage to other property e.g. dock, seawall, etc.)	DAMAGE AMOUNT
	$

NAME AND ADDRESS OF PROPERTY OWNER

No.

SHORT FORM - INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

PASSENGERS

VESSEL #	LAST NAME	FIRST NAME	PFD?	D.O.B.	VESSEL #	LAST NAME	FIRST NAME	PFD?	D.O.B.

ACCIDENT NARRATIVE

(Be sure to include operation and activity of each vessel at time of accident.)

DIAGRAM OF ACCIDENT

Diagram (For collisions, show direction of travel for each vessel before, at and after impact.)

Indicate North
By Arrow

ENFORCEMENT ACTION TAKEN

(For multiple charges for an individual, list most serious charge first.)

STATUS	STATUTE #	OFFENSE
NAME		
STATUS	STATUTE #	OFFENSE
NAME		
STATUS	STATUTE #	OFFENSE
NAME		

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE