DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard

RECREATIONAL BOATING ACCIDENT REPORT

OMB Control Number: 1625-0003 Expires: 07/31/2022

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

46 U.S.C. 6102 and 33 CFR 173 & 174 authorize the collection of information on boating accidents. Authority:

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.

and federal lay

Routine Uses: The Coast Guard s	snares this information within			UBMISSION					
Approximate value Your or another <i>boat</i>	n this accident died: person in this accident aid: n this accident disappeter damage (e.g., ped (or likely totaled) see of damage to your left of damage to your left in this accident was	oly): If so If so peared If so fishing, \$2,000 boat: other pr	ny? in need of ny? ot yet been ny? ear) caused	To be submitted wi 48 hours (if injury, di 10 days (if boat/prop To be submitted to: Authority) Phone: You may submit any commer burden estimate or any sugg Commandant (CG-BSX-21), 20593-0001 or Office of Man. Reduction Project (1625-000)	sappearance or death) erty damage only)				
Report submitted by (see Boat Operator (require					<u></u>	Agency Use Only			
Boat Operator (requirements of the second of	as oper		First Name	Last Name					
Other (describe).					Phone:				
First Name	Last Name		Phone		Primary Cause of Accident				
		AC	CIDENT	SUMMARY	7				
WHEN				ACCIDENT	DESCRIPTION: Briefl	v describe this accident			
Date: (mm/dd/yyyy)	Time:	am (selec	pm et one)	(attach extra pages if necessary)					
WHERE									
Body of Water Name									
Location (on water) descri	ription			DAMAGE TO <i>YOUR</i> BOAT : <i>Briefly</i> summarize any damage to your boat					
Nearest city/town									
County:	State:								
YOUR BOAT - PEOPLE						PERTY: (NOT BOAT)			
# people on board (include	ling operator):			Briefly summa	rize any damage to your	other property (not boat)			
# people being towed (e.g	g., on tubes, skis):								
# people wearing lifejack	ets (on board or towe	ed):							
OTHER BOATS INVOLV	ED IN ACCIDENT								
# of other boats involved:									

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	For each qu	esti	ion b	elow, p	olea	se pr	ovide	answ	ers I	FΑ	PPL	LICA	ABLE	AND IF K	NOV	VN, o	therwi	se lea	ve blan	k.	
								,	ΥΟι	JR	во	ΙA	Ī								
В	DAT IDENTIFICA	TIC	N																		
Yo	ur Boat Name:										Manufacturer:										
Mc	odel Name:										Model Year:										
Re	Registration #:							Documentation #:													
	Hull Identification # (HIN)								R	Rented: Yes No											
SI	ZE ESTIMATES									1											
Length: ft. Depth from transom (stern) to keel (bottommost point): ft. in. Beam width at widest point:								ft.													
Нι	JLL MATERIAL																				
Ту	pe of Hull Material	(se	elect o	one)							1						1				
	Fiberglass				Wo	od						F	Rubbe	er/vinyl/canv	as			Other	(describ	e):	
	Aluminum				Ste	el						F	Plastic	;							
	DAT TYPE														1 -						
Во	oat Type (select one	e) I	latio	ا ما ما مد			Porcon	al water	croft	Da	م الم لم م	ecra	.		Ava			ulsion	(select a		t apply)
	Cabin motorboat		iniia	table b	oat					Pa		ecra				Prop	eller		Air thrust		
	Open motorboat		Hou	seboat		F	(PWC) (e.g., V Runner™, Jet ™, Sea-Doo™				+	ayal				Sail			Other (describe):		
	Auxiliary sail		Sail	(only)		P	Air boat			Standup Paddleboard				Man	ual						
	Pontoon boat		Row	vboat		C	Other	(descri	be)							Water jet					
	IGINE																				
# Engines Engine type and horsepower (sele						ct one			Fuel type (select all the					<u>/) </u>							
IVIC	Manufacturer Outboard Sterndrive			rive		In	boaı	pard Pod drive				Gas	Gas Electric								
То	tal horsepower:			hp		Ν	lo eng	gine		С	Other	ner: Diesel Of				Other	Other:				
	AFETY MEASURI																				
	rganizations that ha quipment, e.g., lifeja									on	boar	rd yo	our bo	at within the	e pas	t year	(inclu	ding ca	arriage c	t sat	ety
	US Coast Guard	Aux	iliary:	: VSC	Dec	cal?		Yes		No Federal Agency (Name)											
	US Power Squad	rons	s:	VSC	Dec	cal?		Yes					e Agency (Name)								
										Other Agency (Name)											
# L	ife jackets on board	d:						n board			Т	Type of fire extinguishers (e.g., ABC):									
								rs used													
				AC	CIE	DEN	T DI	ETAII	LS -	- E	XT	ER	NAL	. CONDI	ΤΙΟΙ	NS_					
W	EATHER																				
0	verall weather was	s (s					It w		lect one) Visibility was (select o			one)	,								
	Clear Cloudy		Rair	ning wing				Day			-	Good				0 mph (none) Over 0, up to 12 mph (light)			1		
	Foggy		Haz				Night				Fair Poor				Over 12, up to 25 mph (moderate						
Other (describe): Approximation					orovima	ata ai	r tor	mnei	ratuu	ro.	٥F		C	ver 25	, up to	55 mph					
							7,121	JIOXIIII	ato an		прсі	iata	10.	<u> </u>			Over 55	mph ((stormy)		
	ATER				,			1													
Οv	rerall water condition		-	iect one	e):				Othe	er w	ater	r co	nditio		oto = 1	0000	roti ·=== :	I	O		
	Up to 6 in. waves Over 6 in., up to 2	•		es (chor	(עמנ								Ap	oroximate w		empe ng cui			Yes	r <u> </u>	No
	Over 2 ft., up to 6								Haza	ardo	us w	vate	rs? <i>(e</i>	e.g., rapid tid					Yes		No
	Over 6 ft. waves (,				Hazardous waters? (e.g., rapid tidal flow, currents) Congested waters? Yes No												
	Over on: waves (very rough)					Congested waters? Tes 100						1									

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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		MI	I	Last	Name				
Street			<u> </u>						
City	State				Zip				
Phone Date of E (mm/dd/y)				3.					
INJURY DETAILS									
Injury caused when person (select all that app	ly)			Na	ature of most serio	ous injury (selec	t one)		
Struck the (e.g., boat, water):					Scrape/bruise		Dislo	cation	
Was struck by a (e.g., boat, propeller):					Cut		Intern	nal organ in	jury
Was exposed to carbon monoxide poisoning					Sprain/strain		Ampu	utation	
Received an electric shock	Received an electric shock				Concussion/brain	n injury	Burn		
Other (describe):					Spinal cord injury	/	Other (describe):		
Person was wearing lifejacket?	Ye	es	No		Broken/fractured	bone			
Person received treatment beyond first aid?	es	No	Во	ody part of <i>most ser</i>	rious injury (e.g.,	g., head, trunk, leg):			
Person was admitted to a hospital?	Ye	es	No						
ACCIDENT DETAIL	LS –	YOUR	BOA	\T -	- DEATHS/DIS	SAPPEARAN	ICES	;	
Only report deaths/disappearances of people on If more than one death/disappearance to report, If none, SKIP DEATHS/DISAPPEARANCES see	attach	-	_		• •				
PERSON WHO DIED/DISAPPEARED									
First Name		First Name MI							
Street			L	Last	Name				
			l l	Last	Name				
City		State	l	Last	Name	Zip			
City Phone		State Date of (mm/dd.	f Birth	Last	Name	Zip Age			
•		Date of	f Birth	Last	Name				
Phone	ly)	Date of	f Birth		Name	Age	ct one)		
Phone DETAILS OF DEATH/DISAPPEARANCE	ly)	Date of	f Birth			Age ppearance (selec	ct one)		
Phone DETAILS OF DEATH/DISAPPEARANCE Injury caused when person (select all that app	ly)	Date of	f Birth		ture of death/disap	Age ppearance (selecting	•		
Phone DETAILS OF DEATH/DISAPPEARANCE Injury caused when person (select all that app Struck the (e.g., boat, water): Was struck by a (e.g., boat,		Date of	f Birth		t ure of death/disa p Death – by drowni	Age ppearance (selecting	•		
Phone DETAILS OF DEATH/DISAPPEARANCE Injury caused when person (select all that app Struck the (e.g., boat, water): Was struck by a (e.g., boat, propeller):		Date of	f Birth		t ure of death/disa p Death – by drowni	Age ppearance (selecting ly cause (describ	e)		
Phone DETAILS OF DEATH/DISAPPEARANCE Injury caused when person (select all that app Struck the (e.g., boat, water): Was struck by a (e.g., boat, propeller): Was exposed to carbon monoxide poisoning		Date of	f Birth		ture of death/disap Death – by drowni Death – other like	Age ppearance (selecting ly cause (describ) not yet recovered	e)	Yes	No

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	For each ques	tion below, please provide	e answers	IF APP	LICABLE AN	D IF KNOWN, otherwis	e leav	e blank.				
		ACCIDENT D	ETAILS	– YOU	JR BOAT (OPERATOR						
OPERATOR INSTRUCTION				OPERATOR SAFETY MEASURES								
Boating safety instruction completed (select all that apply)			On board, prior to accident, was operator wearing:									
	None				A lifejacket? Yes							
	State course				An engine cut-off switch (Lanyard or wireless device) if equipped?							
	USCG Auxiliary course				ard, prior to ac	ccident, was operator using	g:					
US Power Squadrons course						Alcoh	ol?	Yes	No			
	Internet (name of sponsoring organization)					Drug	js?	Yes	No			
	Other (describe)			Operat	or arrested for	Boating Under the Influen	ce?	Yes	No			
				V	Veather reports	s consulted prior to accide	nt?	Yes	No			
0	PERATOR EXPERIE	NCE										
E	xperience operating thi	s type of boat (select one)										
	0 to 10 hours	Over 10, up to 100 hour	rs		Over 100, up	to 500 hours	Ov	er 500 ho	urs			
		ACCIDENT	DETAIL	S – O	THER KEY	PEOPLE						
		ole <i>not already documented</i> people to report, attach add				perator/owner of <i>your</i> boat.	-					
N	AME/ADDRESS											
ТІ	his other key person wa	as a(n) (select all that apply,)									
	Other boat operator	Other boat owner	Owner of	other da	maged proper	ty Passenger on <i>y</i> o	our boa	at V	Vitness			
Fi	First Name MI			Last Name								
St	treet		•									
С	ity		State		Zip Phone							
0	ther boat name (if any)		1	Other boat registration # (if any)								
N	AME/ADDRESS											
TI	his other key person wa	as a(n) (select all that apply))									
Other boat operator Other boat owner Owner of					of other damaged property Passenger on your boat Witness							
Fi	rst Name		MI	Last Name								
St	treet		•									
С	ity		State		Zip	Phone						
Other boat name (if any)					Other boat registration # (if any)							

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For each question be	low, please provid	le answers IF	APPLICABLE A	AND IF KNOWN, ot	herwise leave blank.			
	У	OUR BOA	T OPERATO)R				
NAME/ADDRESS								
First Name		MI	Last Name					
Street								
City		State	Zip					
AGE/GENDER/PHONE								
Date of Birth	Age	Gender	Male	Female	Phone			
(mm/dd/yyyy)								
		YOUR BO	OAT OWNER					
If same as your boat operator	SKIP rest of YOUI	R BOAT OW	NER section.					
NAME/ADDRESS/PHONE								
First Name		MI	Last Name					
Street			I					
City		State	Zip		Phone			
	PERSO	N SUBMIT	TING THIS F	REPORT				
If same as your boat operator	OR <i>owner</i> , SKIP r	est of PERS	ON SUBMITTIN	G THIS REPORT s	ection.			
NAME/ADDRESS/PHONE/RO	DLE							
First Name		MI	Last Name					
Street								
City		State	Zip		Phone			
I was a(n) (select one)								
Other person on board this b	oat							
Accident witness not on boar	d <i>this</i> boat							
Other (describe):								
S	IGNATURE OF	PERSON	SUBMITTIN	G THIS REPOR	Т			
Your signature					Date (mm/dd/yyyy)			
An Agency may not conduct	or sponsor and a	person is not	required to res	oond to an informati	on collection, unless it			

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-BSX-21), 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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