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 9/16

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	USED BY:	DRUG USE	USED BY:

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)	PHONE NUMBER

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)	PHONE NUMBER

VESSEL # 1 OWNER INFORMATION

LAST NAME	FIRST NAME	RENTED BOAT

ADDRESS (Street, City, State, Zip)

PHONE NUMBER	RELATIONSHIP TO OPERATOR

VESSEL # 2 OWNER INFORMATION

LAST NAME	FIRST NAME	RENTED BOAT

ADDRESS (Street, City, State, Zip)

PHONE NUMBER	RELATIONSHIP TO OPERATOR

VESSEL # 1 INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.

VESSEL TYPE	VESSEL MAKE	VESSEL MODEL

TYPE OF HULL MATERIAL	YEAR	LENGTH	DRAFT (DEPTH)
		Ft. In.	Ft. In.

FUEL TYPE	ENGINE TYPE	PROPULSION	No. ENG	Total Hp

INSURANCE COMPANY	POLICY NUMBER

DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel) ☐ VESSEL WAS A LOSS

VESSEL # 2 INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.

VESSEL TYPE	VESSEL MAKE	VESSEL MODEL

TYPE OF HULL MATERIAL	YEAR	LENGTH	DRAFT (DEPTH)
		Ft. In.	Ft. In.

FUEL TYPE	ENGINE TYPE	PROPULSION	No. ENG	Total Hp

INSURANCE COMPANY	POLICY NUMBER

DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel) ☐ VESSEL WAS A LOSS

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

NAME AND ADDRESS OF PROPERTY OWNER

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

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

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