

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

OMB No: 1625-0003  
Exp. Date: 02/28/2026

**RECREATIONAL BOATING ACCIDENT REPORT**

**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 STATEMENT**

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.  
**AUTHORITY:** 14 U.S.C. § 503; 46 U.S.C. § 131; 46 USC § 6102; and 33 CFR 173, 174. **PURPOSE:** Individuals use this form to report a boating accident involving a recreational vessel to a State agency. **ROUTINE USES:** Authorized USCG officials use this information for statistical purposes, chiefly to inform the public, measure Program efforts, and to regulate issues relating to boating safety. Any external disclosures of information within this record will be made in accordance with DHS/USCG-013, Marine Information for Safety and Law Enforcement (MISLE), 74 Federal Register 30305 (December 4, 2009). **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is mandatory. However, failure to provide this information may involve a civil or criminal penalty.

**REPORT SUBMISSION**

**Report required because (select all that apply):**

- At least one person in this accident *died*: If so, how many? \_\_\_\_\_
- At least one injured person in this accident *required or was in need of treatment beyond first aid*: If so, how many? \_\_\_\_\_
- At least one person in this accident *disappeared* and has not yet been recovered: If so, how many? \_\_\_\_\_
- All boat and other property damage (e.g., fishing/hunting gear) caused by this accident *totaled (or likely totaled) \$2,000 or more*:  
 Approximate value of damage to *your* boat: \$ \_\_\_\_\_  
 Approximate value of damage to *your* other property: \$ \_\_\_\_\_
- Your or another *boat* in this accident was (or likely was) a *total loss*

**To be submitted within:**

48 hours (if injury, disappearance or death)  
10 days (if boat/property damage only)

**To be submitted to: (Local State Reporting Authority)**

NDGF - Jackie Lundstrom  
100 N Bismarck Expressway  
Bismarck, ND 58501

**Phone:**

You may submit any comments concerning the accuracy of the 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. Questions relating to the collection of this data should be sent to the Coast Guard.

**For State Agency Use Only**

First Name	Last Name
Phone:	

First Name	Last Name	Phone	Primary Cause of Accident
------------	-----------	-------	---------------------------

**ACCIDENT SUMMARY**

<b>WHEN</b>		<b>ACCIDENT DESCRIPTION:</b> Briefly describe this accident (attach extra pages if necessary)
Date: (mm/dd/yyyy)	Time: am <input type="checkbox"/> pm <input type="checkbox"/> (select one)	
<b>WHERE</b>		
Body of Water Name		
Location (on water) description		<b>DAMAGE TO YOUR BOAT:</b> Briefly summarize any damage to your boat
Nearest city/town		
County:	State:	
<b>YOUR BOAT-PEOPLE</b>		<b>DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT)</b> Briefly summarize any damage to your other property (not boat)
# people on board (including operator):		
# people being towed (e.g., on tubes, skis):		
# people wearing lifejackets (on board or towed):		
<b>OTHER BOATS INVOLVED IN ACCIDENT</b>		
# of other boats involved:		

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**YOUR BOAT**

**BOAT IDENTIFICATION**

Your Boat Name:		Manufacturer:	
Model Name:		Model Year:	
Registration #:		Documentation #:	
Hull Identification # (HIN)	<input type="text"/>	Rented:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIZE ESTIMATES**

Length:	ft.	Depth from transom (stern) to keel (bottommost point):	ft.	in.	Beam width at widest point:	ft.
---------	-----	--	-----	-----	-----------------------------	-----

**HULL MATERIAL**

Type of Hull Material (select one)

<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Rubber/vinyl/canvas	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic	

**BOAT TYPE**

Boat Type (select one)				Available Propulsion (select all that apply)			
<input type="checkbox"/> Cabin motorboat	<input type="checkbox"/> Inflatable boat	<input type="checkbox"/> Personal watercraft (PWC) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)	<input type="checkbox"/> Paddlecraft:		<input type="checkbox"/> Propeller	<input type="checkbox"/> Air thrust	
<input type="checkbox"/> Open motorboat	<input type="checkbox"/> Houseboat		<input type="checkbox"/> Canoe	<input type="checkbox"/> Kayak	<input type="checkbox"/> Sail	<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Auxiliary sail	<input type="checkbox"/> Sail (only)	<input type="checkbox"/> Air boat	<input type="checkbox"/> Standup Paddleboard		<input type="checkbox"/> Manual		
<input type="checkbox"/> Pontoon boat	<input type="checkbox"/> Rowboat	<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Water jet			

**ENGINE**

# Engines	Engine type and horsepower (select one)				Fuel type (select all that apply)			
Manufacturer	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Inboard	<input type="checkbox"/> Pod drive	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric		
Total horsepower:	hp	<input type="checkbox"/> No engine	<input type="checkbox"/> Other:		<input type="checkbox"/> Diesel	<input type="checkbox"/> Other:		

**SAFETY MEASURES**

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

US Coast Guard Auxiliary: VSC Decal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Agency (Name)	
US Power Squadrons: VSC Decal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State Agency (Name)	
		Other Agency (Name)	
# Life jackets on board:		# Fire extinguishers on board:	Type of fire extinguishers (e.g., ABC):
		# Fire extinguishers used:	

**ACCIDENT DETAILS – EXTERNAL CONDITIONS**

**WEATHER**

Overall weather was (select one)		It was (select one)		Visibility was (select one)		Wind was (select one)	
<input type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Good	<input type="checkbox"/> 0 mph (none)		
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snowing			<input type="checkbox"/> Fair	<input type="checkbox"/> Over 0, up to 12 mph (light)		
<input type="checkbox"/> Foggy	<input type="checkbox"/> Hazy			<input type="checkbox"/> Poor	<input type="checkbox"/> Over 12, up to 25 mph (moderate)		
<input type="checkbox"/> Other (describe):		Approximate air temperature:		°F		<input type="checkbox"/> Over 25, up to 55 mph (strong)	
						<input type="checkbox"/> Over 55 mph (stormy)	

**WATER**

Overall water conditions (select one):		Other water conditions:			
<input type="checkbox"/> Up to 6 in. waves (calm)		Approximate water temperature:		°F	
<input type="checkbox"/> Over 6 in., up to 2 ft. waves (choppy)		Strong current?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Over 2 ft., up to 6 ft. waves (rough)		Hazardous waters? (e.g., rapid tidal flow, currents)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Over 6 ft. waves (very rough)		Congested waters?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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:

Activities were (select one)

Operator/Passenger activities (select all that apply)

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
Changing direction	At anchor	Rowing/paddling	Launching
Changing speed	Being towed	Docking/undocking	Tied to dock/mooring
Sailing	Other (list)		

### 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	Operator inattention	Force of wake/wave	Sharp turn
Excessive speed	Operator inexperience	Hazardous waters	Restricted vision (e.g., fog)
Improper anchoring	Language barrier	Heavy weather	Mission/inadequate aids to navigation (e.g., buoy, daymarker)
Improper loading	Navigation rules violation	Ignition of fuel or vapor	Inadequate on-board navigation lights
Overloading	Failure to vent	Hull failure	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)

Engine	Onboard lights	Shift	Sound equipment (e.g., horn, whistle)
Electrical system	Seats	Radio	Auxiliary equipment
Fuel system	Steering	Fire extinguisher	Other (list):
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	Flooding/swamping	Person fell overboard
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, cable)	Carbon monoxide exposure	Person struck by boat
Collision with floating object (e.g., log, buoy)	Mishap of skier, tuber, wake boarder, etc.	Person struck by propeller or propulsion unit
Capsizing	Person left boat voluntarily	Person electrocuted
Grounding	Person ejected from boat (caused by collision or maneuver)	
Sinking	Other (describe)	

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**ACCIDENT DETAILS – YOUR BOAT-  
INJURED 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	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

**INJURY DETAILS**

Injury caused when person (select all that apply)				Nature of most serious injury (select one)			
Struck the (e.g., boat, water):				Scrape/bruise		Dislocation	
Was struck by a (e.g., boat, propeller):				Cut		Internal organ injury	
Was exposed to carbon monoxide poisoning				Sprain/strain		Amputation	
Received an electric shock				Concussion/brain injury		Burn	
Other (describe):				Spinal cord injury		Other (describe):	
Person was wearing lifejacket?				Broken/fractured bone			
Person received treatment beyond first aid?				Body part of most serious injury (e.g., head, trunk, leg):			
Person was admitted to a hospital?							

**ACCIDENT DETAILS – YOUR BOAT – DEATHS/DISAPPEARANCES**

*Only report deaths/disappearances of people on, struck by, or being towed by your boat. If more than one death/disappearance to report, attach additional copies of this page. If none, SKIP DEATHS/DISAPPEARANCES section.*

**PERSON WHO DIED/DISAPPEARED**

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

**DETAILS OF DEATH/DISAPPEARANCE**

Injury caused when person (select all that apply)				Nature of death/disappearance (select one)			
Struck the (e.g., boat, water):				Death – by drowning			
Was struck by a (e.g., boat, propeller):				Death – other likely cause (describe)			
Was exposed to carbon monoxide poisoning							
Received an electric shock				Disappeared and not yet recovered			
Other (describe):				Person was wearing lifejacket?			
				Yes		No	

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### ACCIDENT DETAILS – YOUR BOAT OPERATOR

OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES			
<b>Boating safety instruction completed</b> <i>(select all that apply)</i>		<b>On board, prior to accident, was operator wearing:</b>			
None		A lifejacket?	Yes	No	
State course		An engine cut-off switch <i>(Lanyard or wireless device)</i> if equipped?	Yes	No	
USCG Auxiliary course		On board, prior to accident, was operator using:			
US Power Squadrons course			Alcohol?	Yes	No
Internet <i>(name of sponsoring organization)</i>		Drugs?	Yes	No	
Other <i>(describe)</i>		Operator arrested for Boating Under the Influence?	Yes	No	
		Weather reports consulted prior to accident?	Yes	No	

### OPERATOR EXPERIENCE

**Experience operating this type of boat** *(select one)*

0 to 10 hours	Over 10, up to 100 hours	Over 100, up to 500 hours	Over 500 hours
---------------	--------------------------	---------------------------	----------------

### ACCIDENT DETAILS – OTHER KEY PEOPLE

*Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.*

#### NAME/ADDRESS

**This other key person was a(n)** *(select all that apply)*

Other boat operator     Other boat owner     Owner of other damaged property     Passenger on your boat     Witness

First Name	MI	Last Name
Street		
City	State	Zip      Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>

#### NAME/ADDRESS

**This other key person was a(n)** *(select all that apply)*

Other boat operator     Other boat owner     Owner of other damaged property     Passenger on your boat     Witness

First Name	MI	Last Name
Street		
City	State	Zip      Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### YOUR BOAT OPERATOR

#### NAME/ADDRESS

First Name	MI	Last Name
Street		
City	State	Zip

#### AGE/GENDER/PHONE

Date of Birth (mm/dd/yyyy)	Age	Gender	Male	Female	Phone
-------------------------------	-----	--------	------	--------	-------

### YOUR BOAT OWNER

If same as *your boat operator* SKIP rest of YOUR BOAT OWNER section.

#### NAME/ADDRESS/PHONE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

### PERSON SUBMITTING THIS REPORT

If same as *your boat operator* OR *owner*, SKIP rest of PERSON SUBMITTING THIS REPORT section.

#### NAME/ADDRESS/PHONE/ROLE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

I was a(n) (select one)

<input type="checkbox"/>	Other person on board <i>this</i> boat
<input type="checkbox"/>	Accident witness <i>not</i> on board <i>this</i> boat
<input type="checkbox"/>	Other (describe):

### SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	Date (mm/dd/yyyy)
----------------	-------------------

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.