



4200 Smith School Road
Austin, Texas 78744

Boating Accident Report Texas Water Safety Act

Confidential
Not Admissible in Court as Evidence

The operator of every vessel is required to file a report in writing whenever a boating accident results in death or injury to any person or property damage in excess of \$500. Reports must be submitted to Law Enforcement Division, Texas Parks and Wildlife Department (address above) within thirty (30) days from date of accident.

Complete all blocks (indicate those not applicable by "NA.") **1. Personal Data**

A. Name and Address of Operator:		B. DOB: Age: _____		C. Operator's Experience:	
Zip: _____		E. Owner Telephone No.: () _____		This Type of Boat: Other Boat Operating Exp.:	
D. Operator Telephone Number: () _____		1 <input type="checkbox"/> Under 20 hours		5 <input type="checkbox"/> Under 20 hours	
F. Name and Address of Owner:		2 <input type="checkbox"/> 20 to 100 hours		6 <input type="checkbox"/> 20 to 100 hours	
Zip: _____		3 <input type="checkbox"/> 100 to 500 hours		7 <input type="checkbox"/> 100 to 500 hours	
		4 <input type="checkbox"/> Over 500 hours		8 <input type="checkbox"/> Over 500 hours	
		G. Rented Boat		H. No. of persons on board:	
		1 <input type="checkbox"/> Yes		I. Formal Instructions in Boating Safety:	
		2 <input type="checkbox"/> No		1 <input type="checkbox"/> None 5 <input type="checkbox"/> State	
				2 <input type="checkbox"/> USCG Auxiliary 6 <input type="checkbox"/> Other	
				3 <input type="checkbox"/> US Power Squadron (Indicate):	
				4 <input type="checkbox"/> American Red Cross	

2. Vessel No. 1

A. Boat Number (TX):		B. Boat Name		C. Boat Make		D. Boat Model:		E. MFR Hull Identification No.:	
F. Type Boat		G. Hull Material		H. Engine		I. Boat Data (Propulsion)		J. Boat Data (Construction)	
1 <input type="checkbox"/> Open Motorboat		1 <input type="checkbox"/> Wood		1 <input type="checkbox"/> Outboard		1 No. of Engines: _____		1 <input type="checkbox"/> Length _____	
2 <input type="checkbox"/> Cabin Motorboat		2 <input type="checkbox"/> Aluminum		2 <input type="checkbox"/> Inboard Gasoline		2 Make of Engine: _____		2 <input type="checkbox"/> Width (beam) _____	
3 <input type="checkbox"/> Auxiliary Sail		3 <input type="checkbox"/> Steel		3 <input type="checkbox"/> Inboard Diesel		3 Horsepower (tot.): _____		3 <input type="checkbox"/> Depth (inner transom to keel) _____	
4 <input type="checkbox"/> Sail (Only)		4 <input type="checkbox"/> Fiberglass (Plastic)		4 <input type="checkbox"/> Inboard-Outdrive		4 Year Built (eng.): _____		4 <input type="checkbox"/> Year Built (boat) _____	
5 <input type="checkbox"/> Rowboat		5 <input type="checkbox"/> Other (Specify): _____		5 <input type="checkbox"/> Other (Specify): _____		5 Type of Fuel: _____			
6 <input type="checkbox"/> Other (Specify): _____				6 <input type="checkbox"/> Jet Drive					
7 <input type="checkbox"/> Personal Watercraft									

3. Accident Data

A. Date of Accident		B. Time <input type="checkbox"/> AM <input type="checkbox"/> PM		C. Name of Body of Water		D. Location (give location precisely)				
E. State Texas		F. Nearest City or Town				G. County				
H. Weather		I. Water Conditions		J. Temperatures (Estimates)		K. Wind		L. Visibility		M. Weather Encountered
1 <input type="checkbox"/> Clear 4 <input type="checkbox"/> Rain		1 <input type="checkbox"/> Calm		1 Air: _____ ° F		1 <input type="checkbox"/> None		1 <input type="checkbox"/> Good		1 <input type="checkbox"/> Was not forecast
2 <input type="checkbox"/> Cloudy 5 <input type="checkbox"/> Snow		2 <input type="checkbox"/> Choppy		2 Water: _____ ° F		2 <input type="checkbox"/> Light (0-6 mph)		2 <input type="checkbox"/> Fair		2 <input type="checkbox"/> Not as forecasted
3 <input type="checkbox"/> Fog 6 <input type="checkbox"/> Hazy		3 <input type="checkbox"/> Rough				3 <input type="checkbox"/> Moderate (7-14 mph)		3 <input type="checkbox"/> Poor		3 <input type="checkbox"/> No forecast obtained
		4 <input type="checkbox"/> Very Rough				4 <input type="checkbox"/> Strong (15-25 mph)				
		5 <input type="checkbox"/> Strong Current				5 <input type="checkbox"/> Storm (Over 25 mph)				

N. Operation at Time of Accident			O. Type of Accident			P. In your opinion, what caused the accident?		
1 <input type="checkbox"/> Commercial Activity			9 <input type="checkbox"/> At Anchor			1 <input type="checkbox"/> Weather Conditions		
2 <input type="checkbox"/> Cruising			10 <input type="checkbox"/> Tied to Dock			2 <input type="checkbox"/> Excess Speed		
3 <input type="checkbox"/> Approaching Dock			11 <input type="checkbox"/> Fueling			3 <input type="checkbox"/> No Lookout		
4 <input type="checkbox"/> Water Skiing			12 <input type="checkbox"/> Fishing			4 <input type="checkbox"/> Overloading		
5 <input type="checkbox"/> Racing			13 <input type="checkbox"/> Hunting			5 <input type="checkbox"/> Improper Load		
6 <input type="checkbox"/> Towing			14 <input type="checkbox"/> Skin Diving or Swimming			6 <input type="checkbox"/> Hazardous Waters		
7 <input type="checkbox"/> Being Towed			15 <input type="checkbox"/> Other _____			7 <input type="checkbox"/> Restricted Vision		
8 <input type="checkbox"/> Drifting								
			Vessel					
			1 <input type="checkbox"/> Grounding			6 <input type="checkbox"/> Vessel Collision		
			2 <input type="checkbox"/> Capsizing			7 <input type="checkbox"/> Fixed Object Col.		
			3 <input type="checkbox"/> Flooding			8 <input type="checkbox"/> Floating Object Collision		
			4 <input type="checkbox"/> Sinking			9 <input type="checkbox"/> Other (Specify): _____		
			5 <input type="checkbox"/> Fire or Expl.					
			Personal					
			1 <input type="checkbox"/> Falls Overboard			4 <input type="checkbox"/> Hit by Boat or Propeller		
			2 <input type="checkbox"/> Falls in Boat			5 <input type="checkbox"/> Other (Specify): _____		
			3 <input type="checkbox"/> Burns					

4. Personal Flotation Devices

A. Was the boat adequately equipped with CG approved lifesaving devices?		B. Was the vessel carrying non-approved:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		1. Lifesaving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Fire Extinguishers

A. Were they used? (If yes, list type(s) and number used).
1 <input type="checkbox"/> Yes _____
2 <input type="checkbox"/> No
3 <input type="checkbox"/> Not applicable

C. Property Damage (Estimate)		D. Describe property damage:	
1. This Boat \$ _____			
2. Other Boat \$ _____			
3. Other Property \$ _____			

E. Name and address of owner (damaged property):
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6. Deceased				
A. Name	B. Address Zip:	C. Date of Birth	D. Was victim 1 <input type="checkbox"/> Swimmer 2 <input type="checkbox"/> Non-swimmer	E. Death caused by: 1 <input type="checkbox"/> Drowning 2 <input type="checkbox"/> Disappearance 3 <input type="checkbox"/> Other
A. Name	B. Address Zip:	C. Date of Birth	D. Was victim 1 <input type="checkbox"/> Swimmer 2 <input type="checkbox"/> Non-swimmer	E. Death caused by: 1 <input type="checkbox"/> Drowning 2 <input type="checkbox"/> Disappearance 3 <input type="checkbox"/> Other
A. Name	B. Address Zip:	C. Date of Birth	D. Was victim 1 <input type="checkbox"/> Swimmer 2 <input type="checkbox"/> Non-swimmer	E. Death caused by: 1 <input type="checkbox"/> Drowning 2 <input type="checkbox"/> Disappearance 3 <input type="checkbox"/> Other
7. Injured				
A. Name	B. Address Zip:	C. Date of Birth	D. Nature of Injury	E. Incapacitated over 24 hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
A. Name	B. Address Zip:	C. Date of Birth	D. Nature of Injury	E. Incapacitated over 24 hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
A. Name	B. Address Zip:	C. Date of Birth	D. Nature of Injury	E. Incapacitated over 24 hours? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Accident Description:				
Describe what happened (Sequence of events. Include failure of equipment. If diagram is needed, attach separately.)				
9. Vessel No. 2				
A. Name of Operator	B. Address	C. Boat Number		
D. Telephone Number	Zip:	E. Boat Name		
F. Name of Owner	G. Address	H. Telephone Number		
	Zip:			
10. Witnesses				
A. Name	B. Address	C. Telephone Number		
	Zip:			
A. Name	B. Address	C. Telephone Number		
	Zip:			
A. Name	B. Address	C. Telephone Number		
	Zip:			
11. Person Completing Report				
A. Name	B. Address	C. Date Submitted		
	Zip:	D. Telephone Number		
2. (Do not use) — For Reporting Authority Review				
A. Primary Cause of Accident	B. Caused based on (Check one)			
	1 <input type="checkbox"/> This Report		3 <input type="checkbox"/> Investigation and this Report	
	2 <input type="checkbox"/> This Investigation		4 <input type="checkbox"/> Could not be determined	
C. Secondary Cause of Accident	D. Reviewed by:		E. Date	