

NOTICE: Operators of all boats are **REQUIRED BY SECTION 30.67, Wis Stats.:**

1. To provide notice of a boating incident as soon as possible to a conservation warden or a local enforcement officer whenever an incident results in loss of life, injury requiring medical treatment beyond first aid, or boat, or property damage in excess of \$2,000, or the complete loss of a boat; and
2. Submit a written report **within 10 days** to the Department of Natural Resources.
3. Be sure to sign and date this report in the Validation section on the last page.

SEND COMPLETED REPORT TO:

Wisconsin Department of Natural Resources
Boating Section – LE-8
Box 7921
Madison, WI 53707-7921

Pursuant to Section 30.67(4), Wis Stats., this report may not be used as evidence in any trial.

INSTRUCTIONS: Complete pages 2, 3 and 4. Listed below are explanations for some of the questions on this form.

Water Conditions:	Calm (Waves < 6") Choppy (6" – 2') Rough (2' – 6') Very Rough (> 6') Strong Current	Water smooth with little wave action. Small wave action occurring. White caps are becoming visible. White caps are becoming prevalent with strong wave action. Large and active wave action.
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Wind Conditions:	Light (0-6 mph) Moderate (7 – 14 mph) Strong (15 – 25 mph) Storm (over 25 mph)	No wind to rustle leaves. Enough wind to move small branches. Enough wind to move large branches. Difficult to walk against the wind.
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Operator Experience: Estimate the total hours of experience you have operating a boat.

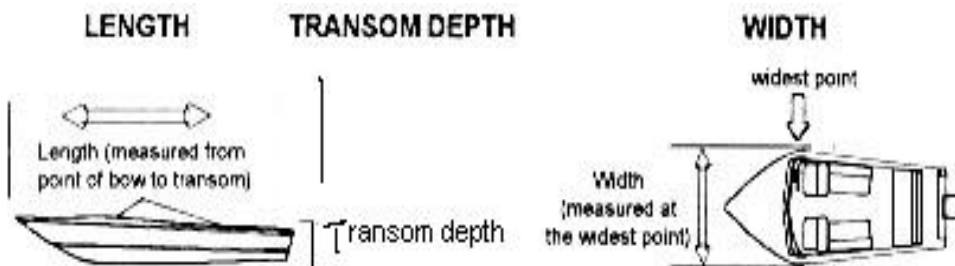
MFG Hull ID Number: Hull identification number found on the starboard (right) side of the transom (back of the boat) and is at least a 12 digit number. An example would be ABC456781272.

Boat Number: Boat registration number or, in the case of a federally documented vessel, the document number. An example of a Wisconsin boat registration is WS 1234 BD.

Expiration Date: The date the registration (the decal) expires.

Type of Boat:	Auxiliary Sail Sail (only) Rowboat Personal Watercraft	A sailboat equipped with a motor. A sailboat or sailboard with no motor. A small boat propelled by oars. A motorboat that uses an inboard motor powering a water jet pump or caged propeller as its primary source of motive power and that is designed to be operated by a person standing on or sitting astride the watercraft. (e.g. jet ski, wave runner, etc.)
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Construction:



Be sure to sign the last page of this form.

Personally identifiable information on this form is not intended to be used for any reason other than program administration and investigatory purposes.

BOAT INFORMATION				
Boat is <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Borrowed	Number of Persons on Board	Number of Persons Being Towed	Boat Manufacturer	Mfg. Hull ID Number
Boat Number	Expiration Date	Boat Name	Model of Boat	Boat Location after Incident
Type of Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon <input type="checkbox"/> Houseboat <input type="checkbox"/> Other _____	Hull Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber-Vinyl --Canvas <input type="checkbox"/> Rigid Hull Inflatable	Engine <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/ Sterndrive (I/O) <input type="checkbox"/> Airboat	Propulsion <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail	Personal Flotation Devices (PFDs): Was boat adequately equipped with Coast Guard approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of Engines Total Horsepower	Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	
Construction:	Length:	Width:	Transom Depth:	Year Built:
Capacity Plate Information:	Lbs.	Number of Persons:	Horsepower:	
Operation at Time of Incident (check all applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Changing Speed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Drifting <input type="checkbox"/> Towing Another Boat <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling		Activity at Time of Incident (check all applicable) <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Tournament <input type="checkbox"/> Swimming/ Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Water Skiing--Tubing etc. <input type="checkbox"/> Racing		
<input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/ Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/ Moored <input type="checkbox"/> Other _____		<input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Fueling <input type="checkbox"/> Starting Engine <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Recreation-Leisure <input type="checkbox"/> Other _____		
Estimated Speed <input type="checkbox"/> None <input type="checkbox"/> Under 10 MPH <input type="checkbox"/> 10-20 MPH <input type="checkbox"/> 21-40 MPH <input type="checkbox"/> Over 40 MPH				

ALL FATALITIES		
Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name: Address: City, State, Zip: Telephone Number: Date of Birth: <input type="checkbox"/> Male Age: <input type="checkbox"/> Female Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia	Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name: Address: City, State, Zip: Telephone Number: Date of Birth: <input type="checkbox"/> Male Age: <input type="checkbox"/> Female Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia	Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name: Address: City, State, Zip: Telephone Number: Date of Birth: <input type="checkbox"/> Male Age: <input type="checkbox"/> Female Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia
Was the Victim: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Wake Boarder - Tube Rider <input type="checkbox"/> Waterskier	Was Prop. Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes	Was the Victim: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Wake Boarder - Tube Rider <input type="checkbox"/> Waterskier
Was the Victim: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Wake Boarder / Tube Rider <input type="checkbox"/> Waterskier	Prop. Injury? <input type="checkbox"/> No <input type="checkbox"/> Yes	Was the Victim: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Wake Boarder / Tube Rider <input type="checkbox"/> Waterskier
Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer
Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:

