



4200 Smith School Road
 Austin, Texas 78744
 Attn: Law Enforcement Division
 Le.marine@tpwd.state.tx.us

Boating Accident Report Texas Water Safety Act

CONFIDENTIAL
 Operator's Report 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.

1. Incident/Accident Data

| | | | | | | |
|-------------------------|-----------|--------------------------|--------------------------|------------------------------------|--|--|
| A. Date of Accident | B. Time | C. Name of Body of Water | D. Water Body Code | E. Location (area or GPS markings) | | |
| F. Nearest City or Town | G. County | H. County Code C - | I. State TEXAS | LAT: | | |
| | | | | LONG: | | |

2. Weather Conditions

| | | | | | |
|--|--|--|--|--|---|
| A. Weather | B. Water Conditions | C. Temperatures (estimate degree F) | D. Wind | E. Visibility | F. Weather Encountered |
| <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy | <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong/Swift Currents | Air <input style="width: 40px;" type="text"/> Water <input style="width: 40px;" type="text"/> | <input type="checkbox"/> None <input type="checkbox"/> Light (0-12mph) <input type="checkbox"/> Moderate (13-24mph) <input type="checkbox"/> Strong (25-54mph) <input type="checkbox"/> Storm (over 55mph) | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None | <input type="checkbox"/> Was as Forecast <input type="checkbox"/> Not as Forecast <input type="checkbox"/> No Forecast Obtained |

3. Person Completing Report

| | | | | |
|--------------------|---|-------------|--|--------------------------|
| A. Name | | B. Address | | C. Telephone |
| Last | | Street | | () |
| First | | Apt. No. | | D. Date Report Submitted |
| M.I. | | City | | Email (optional) |
| E. Qualifications: | <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other | State & Zip | | |

BAR: _____
Date Entered: _____
By: _____

***** Operator only report, Investigating Officers should complete Accident Investigation Report (PWD 047-L2000) *****

4. In your opinion, what caused the accident? (check all that may apply)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Unknown <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Congested Waters <input type="checkbox"/> Drug Use <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Hazardous Waters | <input type="checkbox"/> Ignition of Spilled Fuels or Vapors <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Improper Loading <input type="checkbox"/> Lack of Improper Boat Lights <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Overloading <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Rules of the Road Violation | <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Standing, Sitting on Gunwhale, Bow, or Transom <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Wake <input type="checkbox"/> Weather Conditions <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Off-Throttle Steering <input type="checkbox"/> Navigation Aid Missing | <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Lack Of/No Skier Lookout <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Other: |
|---|--|--|---|

5. NARRATIVE OF EVENTS

Briefly describe what happened (Sequence of events. Include equipment or machinery failure. Draw a diagram on a separate sheet if it will help illustrate your meaning, labeling boats as Vessel # 1, Vessel # 2, etc.)

6. Vessel Information (Vessel # 1)

| | | | | |
|--|---|---|--|---|
| A. Boat Number (TX) | B. Boat Name | C. Boat Make | D. Boat Model | E. MFR. Hull Identification # |
| F. Type of Boat <input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe <input type="checkbox"/> Houseboat <input type="checkbox"/> Kayak <input type="checkbox"/> Jet Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Other (Specify) <input type="text"/> <input type="text"/> | G. Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify) <input type="text"/> <input type="text"/> | H. Engine <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Other (Specify) <input type="text"/> <input type="text"/> Rented Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No | I. Propulsion No. of Engines <input type="text"/> Make <input type="text"/> Horsepower (total) <input type="text"/> Year Built <input type="text"/> Type of Fuel: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric | J. Boat Data Vessel Length <input type="text"/> Feet <input type="text"/> Inches Width (Beam) <input type="text"/> Feet <input type="text"/> Inches Depth (Transom to Keel) <input type="text"/> Feet <input type="text"/> Inches Year Built <input type="text"/> |

7. Operation at Time of Accident

8. Type of Accident

| | | |
|---|---|---|
| <input type="checkbox"/> Commercial Activity <input type="checkbox"/> At Anchor <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Skin Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tubing <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (Specify) <input type="text"/> | <input type="checkbox"/> Unknown <input type="checkbox"/> Capsizing <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Fixed/Floating Object Collision <input type="checkbox"/> Vessel Collision <input type="checkbox"/> Electrocution <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Flooding/Swamping | <input type="checkbox"/> Grounding <input type="checkbox"/> Person Leaves Vessel <input type="checkbox"/> Person Ejected From Vessel <input type="checkbox"/> Sinking <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck by Vessel <input type="checkbox"/> Struck by Propeller or Propulsion Unit <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify) <input type="text"/> |
|---|---|---|

9. Personal Flotation Devices (PFD)

10. Fire Extinguishers

| | | |
|---|---|--|
| 1. Was the boat adequately equipped with CG approved life saving Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Type of PFD I, II, III, IV, or V <input type="text"/> | 1. Were there fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
|---|---|--|

12. Property Damage (estimate)

| | |
|--|--|
| This Boat \$ | Description of Damages: Number of persons on board: <input type="text"/> Number of persons being towed: <input type="text"/> No |
| Other Boat \$ | |
| Other Property \$ | |
| Boating Citations issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

13. Identifying Information

| | | | | |
|--|--|-------------|--|-------------------|
| Name of Owner of Vessel | | Address: | | Telephone: () |
| Last | | Street | | Date of Birth |
| First | | City | | |
| M.I. | | State & Zip | | |
| Name of Operator at time of Accident: | | Address: | | Telephone: () |
| Last | | Street | | Date of Birth |
| First | | City | | |
| M.I. | | State & Zip | | |

| | | | | |
|--|---|--|---|--|
| Operators Experience: This Type of Boat: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None | Other Boat Operating Experience: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 o 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None | Formal Instruction in Boating Safety: <input type="checkbox"/> State Course <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Internet Course <input type="checkbox"/> None <input type="checkbox"/> Other <input type="text"/> | Not for Investigation Purpose / Statistical Purpose Only On Board, Prior To Accident, was Operator Using Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No | Used Safety Lanyard? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Operator Wearing a Life Preserver? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|---|--|

14. Other Vessel Information (Vessel # 2)

| | | | | |
|--|---|---|---|--|
| A. Boat Number (TX) | B. Boat Name | C. Boat Make | D. Boat Model | E. MFR. Hull Identification # |
| F. Type of Boat <input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe <input type="checkbox"/> Houseboat <input type="checkbox"/> Kayak <input type="checkbox"/> Jet Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft (PWC) <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Other (Specify) <input type="text"/> | G. Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify) <input type="text"/> | H. Engine <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Other (Specify) <input type="text"/> Rented Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No | I. Propulsion No. of Engines <input type="text"/> Make <input type="text"/> Horsepower (total) <input type="text"/> Year Built <input type="text"/> Type of Fuel: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric | J. Boat Data Vessel Length <input type="text"/> Feet <input type="text"/> Inches Width (Beam) <input type="text"/> Feet <input type="text"/> Inches Depth (Transom to Keel) <input type="text"/> Feet <input type="text"/> Inches Year Built <input type="text"/> |

15. Operation at time of accident for this vessel.

16. Type of Accident for this vessel.

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Commercial Activity <input type="checkbox"/> At Anchor <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting | <input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Skin Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tubing <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (Specify) <input type="text"/> | <input type="checkbox"/> Unknown <input type="checkbox"/> Capsizing <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Fixed/Floating Object Collision <input type="checkbox"/> Vessel Collision <input type="checkbox"/> Electrocutation <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Flooding/Swamping | <input type="checkbox"/> Grounding <input type="checkbox"/> Person Leaves Vessel <input type="checkbox"/> Person Ejected From Vessel <input type="checkbox"/> Sinking <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck by Vessel <input type="checkbox"/> Struck by Propeller or Propulsion Unit <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify) <input type="text"/> |
|--|---|---|---|

17. Personal Flotation Devices (PFDs) for this vessel.

| | | |
|---|---|--|
| 1. Was the boat adequately equipped with CG approved life saving Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Type of PFD I, II, III, IV, or V <input type="text"/> | 1. Were there fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 2. Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| 3. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

18. Property Damage (estimate) for this vessel.

| | | |
|---|--|--|
| This Boat \$ <input type="text"/> . Other Boat \$ <input type="text"/> . Other Property \$ <input type="text"/> . | Description of Damages: Number of persons on board: <input type="text"/> Number of persons being towed: <input type="text"/> No | Boating Citations issued? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|

19. Identifying Information for this vessel.

| | | | | |
|---|--|---|---|--|
| Name of Owner of Vessel | | Address: | | Telephone: () |
| Last | | Street | | Date of Birth |
| First | | City | | |
| M.I. | | State & Zip | | |
| Name of Operator at time of Accident: | | Address: | | Telephone: () |
| Last | | Street | | Date of Birth |
| First | | City | | |
| M.I. | | State & Zip | | |
| Operators Experience: This Type of Boat: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None | Other Boat Operating Experience: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None | Formal Instruction in Boating Safety: <input type="checkbox"/> State Course <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Internet Course <input type="checkbox"/> None | Not for Investigation Purpose / Statistical Purpose Only On Board, Prior To Accident, was Operator Using Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No | Used Safety Lanyard? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Operator Wearing a Life Preserver? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other

BWI Arrest? Yes No

20. Injured Persons

| | | | | |
|--|-------------------|--|---|--|
| Name | | Address | | Telephone () |
| Last | | Street | | |
| First | | City | | Date of Birth |
| M.I. | | State & Zip | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Nature of Injuries: (brief description including location) | Injury caused by: | Injured aboard: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither | | |
| | | Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Jacket Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|--|-------------------|--|---|--|
| Name | | Address | | Telephone () |
| Last | | Street | | |
| First | | City | | Date of Birth |
| M.I. | | State & Zip | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Nature of Injuries: (brief description including location) | Injury caused by: | Injured aboard: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither | | |
| | | Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Jacket Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

21. Witnesses and/or Passengers – Vessel # 1

| | | | | | |
|-------|------|---|----------|------------|---|
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |

22. Witnesses and/or Passengers – Vessel # 2

| | | | | | |
|-------|------|---|----------|------------|---|
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | DOB: | Gender <input type="checkbox"/> F <input type="checkbox"/> M | Address: | Telephone: | Passenger <input type="checkbox"/> Witness <input type="checkbox"/> |
| | | | | | PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please submit completed forms to:
Texas Parks & Wildlife Department
Attn: Law Enforcement Division
4200 Smith School Road
Austin, Texas 78744

or email to:
le.marine@tpwd.state.tx.us

