



WYOMING GAME AND FISH DEPARTMENT

5400 Bishop Blvd. Cheyenne, WY 82006

Phone: (307) 777-4600 Fax: (307) 777-4699

wgfd.wyo.gov



Attention: Watercraft operator involved in an accident

As directed by W.S. 41-13-105:

The operator of any watercraft* involved in an accident on any of the waters of Wyoming is **required by law to immediately notify** a Wyoming law enforcement agency of the accident.

In addition, the operator is required to complete the attached written report whenever the watercraft accident results in:

- Death or injury requiring medical treatment beyond first aid.
- The disappearance of any person from the watercraft under circumstances that indicate the possibility of death or injury.
- Property damage in excess of five hundred dollars (\$500).

A watercraft accident includes capsizing, flooding, fire, explosion, disappearance of a watercraft other than by theft, and all collisions involving at least one watercraft and/or another watercraft, fixed, and/or floating objects.

The attached written report must be submitted within **10 days as required by law**.

Mail completed report to:

Wyoming Game and Fish Department
Attention: Watercraft Safety
3030 Energy Lane
Casper, WY 82604

* "Watercraft" means any contrivance used or designed primarily for navigation on water.

WYOMING GAME & FISH DEPARTMENT		BOATING ACCIDENT REPORT			REVISED 1-8-88	
		OPERATOR REPORT				
		STATE CASE NO. _____				
<p>THE OPERATOR/OWNER OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT.</p>						
COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")						
ACCIDENT DATA						
DATE OF ACCIDENT		TIME	AM PM	NAME OF BODY OF WATER		LOCATION (GIVE LOCATION PRECISELY)
NUMBER OF VESSELS INVOLVED		NEAREST CITY OR TOWN		COUNTY	STATE	ZIP CODE
WEATHER (CHECK ALL APPLICABLE)		WATER CONDITIONS		TEMPERATURE (ESTIMATE)	WIND	
CLEAR RAIN CLOUDY SNOW FOG HAZY OTHER		CALM (WAVES LESS THAN 6") CHOPPY (WAVES 6" TO 2') ROUGH (WAVES 2' TO 6') VERY ROUGH (GREATER THAN 6') STRONG CURRENT		AIR _____°F WATER _____°F	NONE LIGHT (0-12 MPH) MODERATE (13-25 MPH) STRONG (26-55 MPH) STORM (OVER 55 MPH)	
NAME OF OPERATOR			OPERATOR ADDRESS			
OPERATOR TELEPHONE NUMBER ()		DATE OF BIRTH MO DAY YR		OPERATOR'S EXPERIENCE		INSTRUCTION IN BOATING SAFETY
MALE FEMALE				NONE UNDER 100 HOURS > 100 HOURS		STATE COURSE USCG AUXILIARY NONE U.S. POWER SQUADRON AMERICAN RED CROSS OTHER
NAME OF OWNER			OWNER ADDRESS			
OWNER TELEPHONE NUMBER ()		NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED		RENTED BOAT? YES NO
BOAT NO. 1 (THIS VESSEL)						
BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE	HULL IDENTIFICATION NUMBER		BOAT NAME
BOAT MANUFACTURER			LENGTH	MODEL		YEAR BUILT
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION
CABIN MOTORBOAT OPEN MOTORBOAT AUXILIARY SAIL SAIL (ONLY) PONTOON BOAT INFLATABLE BOAT HOUSEBOAT ROWBOAT AIR BOAT PERSONAL WATERCRAFT PADDLECRAFT: CANOE KAYAK STANDUP PADDLEBOARD OTHER (SPECIFY):		WOOD STEEL FIBERGLASS ALUMINUM RUBBER/VINYL/CANVAS PLASTIC OTHER (DESCRIBE):		OUTBOARD STERNDRIVE INBOARD POD DRIVE NO ENGINE OTHER:		PROPELLER SAIL MANUAL WATER JET AIR THRUST OTHER:
				FUEL		NUMBER OF ENGINES
				GASOLINE DIESEL ELECTRIC OTHER:		TOTAL HORSEPOWER
						FIRE EXTINGUISHERS ON BOARD? YES NO USED? YES NO
OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE)		ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE)		TYPE OF ACCIDENT		PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS? YES NO WERE PFDS ACCESSIBLE? YES NO
CRUISING CHANGING DIRECTION CHANGING SPEED DRIFTING TOWING BEING TOWED ROWING/PADDLING SAILING LAUNCHING DOCKING/UNDOCKING AT ANCHOR TIED TO DOCK/MOORED OTHER (SPECIFY):		FISHING TOURNAMENT HUNTING SWIMMING/DIVING MAKING REPAIRS WATERSKIING/TUBING/ETC. RACING WHITEWATER SPORTS FUELING STARTING ENGINE NON-RECREATIONAL OTHER (SPECIFY):		GROUNDING CAPSIZING FLOODING/SWAMPING SINKING FIRE OR EXPLOSION (FUEL) FIRE OR EXPLOSION (OTHER) SKIER MISHAP COLLISION WITH VESSEL COLLISION WITH FIXED OBJECT COLLISION WITH FLOATING OBJ. FALLS OVERBOARD FALLS IN BOAT STRUCK BY BOAT STRUCK BY MOTOR/PROPELLER STRUCK SUBMERGED OBJECT OTHER (SPECIFY):		WEATHER EXCESSIVE SPEED IMPROPER LOOKOUT RESTRICTED VISION OVERLOADING IMPROPER LOADING HAZARDOUS WATERS ALCOHOL USE DRUG USE HULL FAILURE MACHINERY FAILURE EQUIPMENT FAILURE OPERATOR INEXPERIENCE OPERATOR INATTENTION CONGESTED WATERS PASSENGER/SKIER BEHAVIOR DAM/LOCK OTHER (SPECIFY):
ESTIMATED SPEED		NONE		UNDER 10 MPH		HIT AND RUN
10 - 20 MPH		21 - 40 MPH		OVER 40 MPH		

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)									
NAME OF VICTIM				ADDRESS OF VICTIM				WAS PFD WORN?	
								YES NO	
DATE OF BIRTH	MALE	FEMALE	DEATH CAUSED BY	DROWNING	OTHER	DISAPPEARANCE			
NAME OF VICTIM				ADDRESS OF VICTIM				WAS PFD WORN?	
								YES NO	
DATE OF BIRTH	MALE	FEMALE	DEATH CAUSED BY	DROWNING	OTHER	DISAPPEARANCE			
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)									
NAME OF VICTIM				ADDRESS OF VICTIM					
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?			YES	NO	DESCRIBE INJURY			
				YES	NO				
WAS PFD WORN?	YES	NO	PRIOR TO ACCIDENT?	YES	NO	AS A RESULT OF ACCIDENT?	YES	NO	
WAS IT INFLATABLE?	YES	NO							
NAME OF VICTIM				ADDRESS OF VICTIM					
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?			YES	NO	DESCRIBE INJURY			
				YES	NO				
WAS PFD WORN?	YES	NO	PRIOR TO ACCIDENT?	YES	NO	AS A RESULT OF ACCIDENT?	YES	NO	
WAS IT INFLATABLE?	YES	NO							
OTHER PEOPLE ABOARD THIS BOAT (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)									
NAME				ADDRESS					
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	YES	NO	PRIOR TO ACCIDENT?	YES	NO	AS A RESULT OF ACCIDENT?	YES	NO
		YES	NO		YES	NO		YES	NO
NAME				ADDRESS					
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	YES	NO	PRIOR TO ACCIDENT?	YES	NO	AS A RESULT OF ACCIDENT?	YES	NO
		YES	NO		YES	NO		YES	NO
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)									
NAME OF OPERATOR				OPERATOR ADDRESS					
OPERATOR TELEPHONE NUMBER ()				BOAT REGISTRATION OR DOCUMENTATION NUMBER				STATE	
NAME OF OWNER				OWNER ADDRESS					
OWNER TELEPHONE NUMBER ()									
PROPERTY DAMAGE									
ESTIMATED AMOUNT: THIS BOAT AND CONTENTS:			OTHER BOAT(S) AND CONTENTS:			OTHER PROPERTY:			
\$			\$			\$			
DESCRIBE PROPERTY DAMAGED									
WITNESSES NOT ON THIS VESSEL									
NAME			ADDRESS				TELEPHONE NUMBER ()		
NAME			ADDRESS				TELEPHONE NUMBER ()		
PERSON COMPLETING REPORT									
NAME			ADDRESS				TELEPHONE NUMBER ()		
SIGNATURE			QUALIFICATION	OPERATOR	INVESTIGATOR	OWNER	OTHER	DATE SUBMITTED	
FOR AGENCY USE ONLY									
CAUSES BASED ON (CHECK ONE): THIS REPORT INVESTIGATION INVESTIGATION AND THIS REPORT OTHER									
NAME OF REVIEWING OFFICER				DATE RECEIVED		RECREATIONAL		NON-REPORTABLE	
						COMMERCIAL			
PRIMARY CAUSE				SECONDARY CAUSE					

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS. INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AN/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PFD'S.)