



## WYOMING GAME AND FISH DEPARTMENT

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### Attention: Watercraft operator involved in an accident

As directed by W.W. 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.

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.

**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)  CLEAR  RAIN  CLOUDY  FOG  HAZY  MIST

WATER CONDITIONS  CALM (WAVES LESS THAN 6")  CHOPPY (WAVES 6" TO 2')  ROUGH (WAVES 2' TO 6')  VERY ROUGH (GREATER THAN 6')  STRONG CURRENT

TEMPERATURE (ESTIMATE) AIR \_\_\_\_\_ °F WATER \_\_\_\_\_ °F

WIND  NONE  LIGHT (0-6 MPH)  MODERATE (7-14 MPH)  STRONG (15-25 MPH)  STORM (OVER 25 MPH)

VISIBILITY DAY \_\_\_\_\_ NIGHT \_\_\_\_\_  GOOD  FAIR  POOR

NAME OF OPERATOR \_\_\_\_\_ OPERATOR ADDRESS \_\_\_\_\_

OPERATOR TELEPHONE NUMBER ( ) \_\_\_\_\_ DATE OF BIRTH MO \_\_\_\_\_ DAY \_\_\_\_\_ YR \_\_\_\_\_ OPERATOR'S EXPERIENCE  NONE  UNDER 100 HOURS  ≥ 100 HOURS INSTRUCTION IN BOATING SAFETY  STATE COURSE  U.S. POWER SQUADRON  USCG AUXILIARY  AMERICAN RED CROSS  NONE

MALE  FEMALE

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  OPEN MOTORBOAT  CABIN MOTORBOAT  AUXILIARY SAIL  SAIL (ONLY)  ROWBOAT  CANOE/KAYAK  PERSONAL WATERCRAFT  PONTOON BOAT  HOUSEBOAT  OTHER (SPECIFY) \_\_\_\_\_

HULL MATERIAL  WOOD  ALUMINUM  STEEL  FIBERGLASS  RUBBER/VINYL/CANVAS  RIGID HULL INFLATABLE  OTHER (SPECIFY) \_\_\_\_\_

ENGINE  OUTBOARD  INBOARD  INBOARD-STERNDRIVE (I/O)  AIRBOAT

PROPULSION  PROPELLER  WATER JET  AIR THRUST  MANUAL  SAIL

PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS?  YES  NO WERE PFDS ACCESSIBLE?  YES  NO

FUEL  GASOLINE  DIESEL  ELECTRIC

NUMBER OF ENGINES \_\_\_\_\_ TOTAL HORSEPOWER \_\_\_\_\_

FIRE EXTINGUISHERS ON BOARD?  YES  NO USED?  YES  NO

WHAT CONTRIBUTED TO ACCIDENT? (CHECK ALL APPLICABLE)

OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE)  CRUISING  CHANGING DIRECTION  CHANGING SPEED  DRIFTING  TOWING  BEING TOWED  ROWING/PADDLING  SAILING  LAUNCHING  DOCKING/UNDOCKING  AT ANCHOR  TIED TO DOCK/MOORED  OTHER (SPECIFY) \_\_\_\_\_

ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE)  FISHING  TOURNAMENT  HUNTING  SWIMMING/DIVING  MAKING REPAIRS  WATERSKIING/TUBING/ETC.  RACING  WHITEWATER SPORTS  FUELING  STARTING ENGINE  NON-RECREATIONAL  OTHER (SPECIFY) \_\_\_\_\_

TYPE OF ACCIDENT  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  10 - 20 MPH  21 - 40 MPH  OVER 40 MPH

HIT AND RUN

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
		<input type="checkbox"/> DISAPPEARANCE	
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
		<input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
WAS PFD WORN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS IT INFLATABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
WAS PFD WORN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS IT INFLATABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	WAS IT INFLATABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		ADDRESS	
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	WAS IT INFLATABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER		DATE SUBMITTED
FOR AGENCY USE ONLY			
CAUSES BASED ON (CHECK ONE): <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER			
NAME OF REVIEWING OFFICER/AGENCY		DATE RECEIVED	RECREATIONAL <input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>
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.)