

WYOMING GAME AND FISH DEPARTMENT

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COMMISSIONERS KEITH CULVER – President MARK ANSELMI – Vice President GAY LYNN BYRD PATRICK CRANK PETER J. DUBE DAVID RAEL MIKE SCHMID

## 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 5-1-2013			
		OPERATOR REPORT			RT				
		STATE CAS							
WHENEVER AN ACCIDEN TREATMENT BEYOND FIF DEATH AND INJURY CAS	T RESULTS IN: LOSS RST AID; OR PROPE ES MUST BE SUBMI BE SUBMITTED TO T	S OF LIFE OR ERTY DAMAG TTED WITHIN THE REPORT	DISAF E IN E N 48 F ING A	PPEARANCE EXCESS OF IOURS. REP UTHORITY	FROM A VE \$500 OR CC ORTS IN OT IN THE STA	SSEL; AN IN. MPLETE LO HER CASES FE WHERE T	JURY WH SS OF TI MUST B	A REPORT IN WRITING HICH REQUIRES MEDICAL HE VESSEL. REPORTS IN E SUBMITTED WITHIN 10 IDENT OCCURRED. THIS	
COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")									
ACCIDENT DATA           DATE OF ACCIDENT         TIME         AM         NAME OF BODY OF WATER           PM         PM         PM					LOCATIO	LOCATION (GIVE LOCATION PRECISELY)			
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TO	) WN	CO	JNTY		STATE		ZIP CODE	
WEATHER       WATER CONDITIONS         (CHECK ALL APPLICABLE)       [] CALM (WAVES LESS THAN 6")         [] CLEAR       [] RAIN         [] CLOUDY       [] SNOW         [] FOG       [] HAZY         [] STRONG CURRENT			(ES AIR	TEMPERATURE WIND (ESTIMATE) [ ] NONE AIR°F [ ] LIGHT (0-6 MPH) [ ] MODERATE (7-14 MI WATER°F [ ] STRONG (15-25 MPH [ ] STORM (OVER 25 M			PH) I)	VISIBILITY DAY NIGHT [ ] GOOD [ ] [ ] FAIR [ ] [ ] POOR [ ]	
NAME OF OPERATOR			OPE	ERATOR ADDI	RESS		I		
OPERATOR TELEPHONE NU ( ) [ ] MALE [ ] FEMA	YR [] NONE [] STATE COURSE					[] U	ETY .S. POWER SQUADRON MERICAN RED CROSS		
NAME OF OWNER			OW	NER ADDRES	S				
OWNER TELEPHONE NUMBE	ER NUMBER OF P ON BOARD		BEI	MBER OF PEC			ED BOAT? ES []		
BOAT REGISTRATION OR DO	DCUMENTATION NUM			. 1 (THIS VES: HULL IDENTIF	SEL) FICATION NUN	IBER	BOAT N	IAME	
				-					
BOAT MANUFACTURER		LENG	GTΗ	MODEL			YEAR B	UILT	
TYPE OF BOAT [ ] OPEN MOTORBOAT [ ] CABIN MOTORBOAT [ ] AUXILIARY SAIL [ ] SAIL (ONLY) [ ] ROWBOAT [ ] CANOE/KAYAK [ ] PERSONAL WATERCRA [ ] PONTOON BOAT [ ] HOUSEBOAT [ ] HOUSEBOAT	HULL MATERIAL [ ] WOOD [ ] ALUMINUM [ ] STEEL [ ] FIBERGLASS [ ] RUBBER/VIN [ ] RIGID HULL FT [ ] OTHER (SPE	IYL/CANVAS INFLATABLE	[ ] [ ] [ ] FUEI [ ] [ ]	OUTBOARD INBOARD INBOARD- STERNDRIVE AIRBOAT GASOLINE DIESEL	[ ] P [ ] V [ ] A [ ] A [ ] M [ ] S NUMBER OF ENGINES	JLSION ROPELLER /ATER JET IR THRUST IANUAL AIL	(PFDS): EQUIPP APPRO\ [ ] YE: WERE P [ ] YE: FIRE EX ON BOA USED?	PFDS ACCESSIBLE? S [] NO TINGUISHERS RD? [] YES [] NO [] YES [] NO	
[ ] OTHER (SPECIFY)			[]	ELECTRIC	TOTAL HORSEPOW	ER		ONTRIBUTED TO ACCIDENT? ALL APPLICABLE)	
	(CHECK ANY [] FISHING [] TOUI [] HUNTIN [] SWIMM [] SWIMM [] MAKING [] WATER [] RACING [] WHITEV [] FUELIN [] STARTI [] NON-RE	RNAMENT IG ING/DIVING REPAIRS SKIING/TUBIN S VATER SPORT G NG ENGINE ECREATIONAL (SPECIFY) UNDER 10 M	.E) G/ETC. 'S //PH	[ ] GROUN [ ] CAPSIZ [ ] FLOOD [ ] SINKINA [ ] FIRE OI [ ] FIRE OI [ ] SKIER I [ ] COLLIS [ ] COLLIS [ ] COLLIS [ ] COLLIS [ ] FALLS [ ] FALLS [ ] STRUC [ ] STRUC [ ] STRUC [ ] STRUC	IDING ING/SWAMPIN G R EXPLOSION R EXPLOSION MISHAP ION WITH FIX ION WITH FIX OVERBOARD K BY BOAT K BY MOTOR/ K SUBMERGE (SPECIFY)	(FUEL) (OTHER) SSEL ED OBJECT DATING OBJ. PROPELLER	[ ] IMP [ ] RES [ ] OVE [ ] IMP [ ] HAZ [ ] ALC [ ] DRU [ ] DRU [ ] MAC [ ] EQU [ ] OPE [ ] OPE [ ] COI [ ] PAS [ ] DAM	ATHER CESSIVE SPEED PROPER LOOKOUT STRICTED VISION ERLOADING PROPER LOADING ZARDOUS WATERS COHOL USE UG USE LL FAILURE CHINERY FAILURE UIPMENT FAILURE ERATOR INEXPERIENCE ERATOR INEXPERIENCE ERATOR INATTENTION NGESTED WATERS SSENGER/SKIER BEHAVIOR W/LOCK HER (SPECIFY)	

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)								
NAME OF VICTIM		ADDRESS OF VICTIM	WAS PFD WORN?					
			[ ] YES [ ] NO					
DATE OF BIRTH I I MALE [ ] FEMALE		/ [ ] DROWNING [ ] OTHER	[ ] DISAPPEARANCE					
NAME OF VICTIM		ADDRESS OF VICTIM	WAS PFD WORN?					
			[] YES					
DATE OF BIRTH     MALE     FEMALE			[] NO [] DISAPPEARANCE					
DATE OF BIRTH [] MALE [] FEMALE	DEATH CAUSED BI		[ ] DISAFFEARANCE					
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)								
NAME OF VICTIM		ADDRESS OF VICTIM						
DATE OF BIRTH MEDICAL TREATMENT BE	YOND FIRST AID?	[ ] YES [ ] NO DESCRIBE INJURY						
ADMITTED TO HOSPITAL								
WAS PFD WORN? [ ] YES [ ] NO		NT? [ ] YES [ ] NO AS A RESULT OF ACCIDE	NT? [] YES [] NO					
WAS IT INFLATABLE? [ ] YES [ ] NO								
NAME OF VICTIM		ADDRESS OF VICTIM						
		[ ] YES [ ] NO DESCRIBE INJURY						
ADMITTED TO HOSPITAL?	)	[] YES [] NO						
	PRIOR TO ACCIDE	NT? [ ] YES [ ] NO AS A RESULT OF ACCIDE	NT? [] YES [] NO					
WAS IT INFLATABLE? [ ] YES [ ] NO		F MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORM	c)					
	DOARD 1015 BOAT (	F MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORM: ADDRESS	0)					
NAME		ADDRESS						
DATE OF BIRTH WAS PFD WORN?	[ ] YES	[]     NO     PRIOR TO ACCIDENT?     []     YES     []       []     NO     WAS IT INFLATABLE?     []     YES     []						
AS A RESULT OF ACCIDE	NT [] YES	[ ] NO WAS IT INFLATABLE? [ ] YES [	] NO					
NAME		ADDRESS						
DATE OF BIRTH WAS PFD WORN?	[ ] YES		1 NO					
AS A RESULT OF ACCIDE		[] NO WAS IT INFLATABLE? [] YES [						
BOAT NO. 2 (IF N	IORE THAN 2 VESSE	LS, ATTACH ADDITIONALIDENTIFYING INFORMATION)						
NAME OF OPERATOR		OPERATOR ADDRESS						
OPERATOR TELEPHONE NUMBER		BOAT REGISTRATION OR DOCUMENTATION NUMBER						
		BOAT REGISTRATION OR DOCUMENTATION NUMBER	R STATE					
NAME OF OWNER		OWNER ADDRESS						
OWNER TELEPHONE NUMBER								
( )								
			R PROPERTY:					
ESTIMATED AMOUNT: THIS BOAT AND CO \$	NIENIS:	OTHER BOAT(S) AND CONTENTS: OTHE \$ \$	R PROPERTY:					
DESCRIBE PROPERTY DAMAGED		Ψ Ψ						
		ES NOT ON THIS VESSEL						
NAME	ADDRESS							
1			( )					
NAME	ADDRESS		TELEPHONE NUMBER					
			( )					
PERSON COMPLETING REPORT								
NAME	ADDRESS		TELEPHONE NUMBER					
1			( )					
SIGNATURE	QUALIFICATION	[ ] OPERATOR [ ] OWNER [ ] INVESTIGATOR [ ] OTHER	DATE SUBMITTED					
FOR AGENCY USE ONLY								
CAUSES BASED ON (CHECK ONE): []THIS REPORT [] INVESTIGATION [] INVESTIGATION AND THIS REPORT [] OTHER								
NAME OF REVIEWING OFFICE DATE RECEIVED RECREATIONAL [] NON-REPORTABLE []								
	Dittette	COMMERCIAL [ ]						
PRIMARY 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.)