

Department Fish & Wildlife Resources Division of Law Enforcement 1 Sportsman's Lane Frankfort, Kentucky 40601	<h2 style="margin:0;">KENTUCKY BOATING ACCIDENT REPORT</h2>	KWP-504 Name/address of person making report Name _____ Address _____
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The operator of every vessel is required by Kentucky statutes to file with the Division of Law Enforcement a written report 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 5 days.

MAIL REPORT TO: Department of Fish & Wildlife, Division of Law Enforcement, 1 Sportsman's Lane, Frankfort, KY 40601

**COMPLETE ALL BLOCKS (indicate those not applicable by "NA")**

NAME AND ADDRESS OF OPERATOR  OPERATOR TELEPHONE NUMBER	AGE OF OPERATOR DATE OF BIRTH	OPERATOR'S EXPERIENCE This type of boat <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> Over 500 Hours Other Boat Operating Exp. <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> Over 500 Hours
NAME AND ADDRESS OF OWNER	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PERSONS ON BOARD FORMAL INSTRUCTION IN BOATING SAFETY? <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify)

**VESSEL NO. 1 (this vessel)**

BOAT REGISTR. NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL IDENTIFICATION NO.
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 <input type="checkbox"/> Other (Specify)	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Other (Specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	PROPULSION <input type="checkbox"/> No. of engines _____ horsepower (total) _____ Type of fuel _____ Has boat had a Safety Examination For current year? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR _____ <input type="checkbox"/> USCG Auxiliary courtesy Marine Exam. <input type="checkbox"/> State/local examination <input type="checkbox"/> Other	CONSTRUCTION Length _____ Year built (boat) _____

**ACCIDENT DATA**

DATE OF ACCIDENT	TIME _____ am _____ pm	NAME OF BODY OF WATER	LOCATION (Give location precisely)	Lat: _____ Long: _____
STATE	NEAREST CITY/TOWN	COUNTY		

WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	WATER CONDITIONS <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 Current	TEMPERATURE (Estimate) Air _____ F Water _____ F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (Over 25 mph)	VISIBILITY <table style="width:100%;"> <tr> <td style="width:50%;">Day</td> <td style="width:50%;">Night</td> </tr> <tr> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/></td> </tr> </table>	Day	Night	<input type="checkbox"/> Good	<input type="checkbox"/>	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Poor	<input type="checkbox"/>
Day	Night											
<input type="checkbox"/> Good	<input type="checkbox"/>											
<input type="checkbox"/> Fair	<input type="checkbox"/>											
<input type="checkbox"/> Poor	<input type="checkbox"/>											

OPERATION AT THE TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other (Specify)	TYPE OF ACCIDENT <input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than Fuel) <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Collision with Vessel	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Other (Specify)	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lockout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Other (Specify)
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<b>PERSONAL FLOTATION DEVICES (PFD'S)</b> Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used by survivors? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (specify) _____ Were PFD's properly Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PROPERTY DAMAGE</b> Estimated amount This Boat \$ _____ Other Boat \$ _____ DESCRIBE PROPERTY DAMAGE _____ NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____	<b>FIRE EXTINGUISHERS</b> Were they used? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Types: _____
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If more than 3 fatalities and/or injuries, attach additional form(s).					
DECEASED					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
INJURED					
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCIDENT DESCRIPTION					
DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)					
VESSEL NO. 2 (If more than 2 vessels attach additional form(s)).					
Name of Operator	Address		Boat Number		
Telephone Number			Boat Name		
Name of Owner	Address				
WITNESSES					
Name	Address		Telephone Number		
Name	Address		Telephone Number		
Name	Address		Telephone Number		
PERSON COMPLETING REPORT					
SIGNATURE		Address		Telephone Number	
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other				Date Submitted	
(do not use)--FOR REPORTING AUTHORITY REVIEW--(use agency date stamp)					
Causes based on (check one) <input type="checkbox"/> This report Investigation <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		Name of Reviewing Office		Date Received	
Primary Cause of Accident		Secondary Cause of Accident		Reviewed by	