

FOR OFFICE USE ONLY
USCG assigned number
DNR case number

Please TYPE or PRINT.

The operator of every vessel involved in an accident is required by Indiana Code 14-15-4-2 to file a report in writing if the accident results in loss of life, injury, or property damage in excess of \$750. Reports must be mailed within twenty-four (24) hours to:

Law Enforcement Division, Department of Natural Resources, 402 West Washington Street, Room W255-D, Indianapolis, Indiana 46204.

				AGGID	NIT DATA							
Date (month, day, year) Day of the week			ACCIDENT DATA Actual local time			☐ AM Number of b		poats Number of injuries / number of fatalities			or of fatalities	
Day of the week		Actual local time		□ AM	Number of boats		Number of injuries / number of fatalities					
City	Tov	Township County				State		Body of water				
Water condition	Wii	nd (MPH)				Weath	er			Vis	sibility	
☐ Calm ☐ Strong		None	☐ Moderate (7-1	4) 🗆 Sto	m (over 25)		Clear	☐ Fog	☐ Snow		Good	I ☐ Fair
☐ Rough ☐ Very r	ough	☐ Light (0-6)	☐ Strong (15-25)		. ,		Cloudy	Rain	☐ Hazy		☐ Poor	☐ Night
				OPE	ATOR 1							
Name of operator 1 (last, first, middle initial) Sex □									() Telephone number			
Address (number and stree	et. citv. state an	nd ZIP code)			Female						,	
, taareee (nameer and ener	ot, only, otato a	u 2 00u0)										
				VE	SEL 1							
Name of registered owner	(last, first, midd	lle initial)			Registrati	on number			Hull identification number (HIN)			
USCG documented (name	and number)				Year	Year Length (feet) Make			Model Color			Color
,	,						,					
				DAMAGE	- VESSEL	1						
Estimated damage		Other prop	erty damage		_		se acciden	t description	for more d	letail)		
\$		\$										
			Other dar	naged pro	perty (inc	lude car	go)					
Name of object		Owner's	name and addres	ss	Na	me of ob	ject	Owner's name and address				ddress
					1							
				INSU	RANCE 1							
Name of insurance compa	ny	N	lame of agent	INSU	RANCE 1	e number		Policy number	er		Policy a	applies to
Name of insurance compa	ny	N	lame of agent	INSU		e number		Policy number	er		Policy a	_
			lame of agent	OPE	Telephone (RATOR 2)		·			□ Owi	ner
Name of insurance compa			lame of agent		Telephone (RATOR 2	e number) Age		Policy number		Teleph	1_	ner
Name of operator 2 (last, fi	irst, middle initia	al)	lame of agent	OPEF	Telephone (RATOR 2)		·		Teleph	□ Owi	ner
	irst, middle initia	al)	lame of agent	OPEF	Telephone (RATOR 2 Male)		·		Teleph	□ Owi	ner
Name of operator 2 (last, fi	irst, middle initia	al)	lame of agent	OPEF Sex [Telephond (CATOR 2 Male Female)		·		Teleph (□ Owi	ner
Name of operator 2 (last, fine Address (number and street)	irst, middle initie et, city, state an	al) id ZIP code)	lame of agent	OPEF Sex [Telephone (RATOR 2 Male Female) Age		·	ay, year)	(Own	operator Department
Name of operator 2 (last, fi	irst, middle initie et, city, state an	al) id ZIP code)	lame of agent	OPEF Sex [Telephone (RATOR 2 Male Female)		·	ay, year)	(□ Owi	operator Department
Name of operator 2 (last, fine Address (number and street) Name of registered owner	irst, middle initia et, city, state an (last, first, midd	al) id ZIP code)	lame of agent	OPEF Sex [Telephone (RATOR 2 Male Female SSEL 2 Registrati) Age on number	Date of bi	rth (<i>month, d</i>	ay, year) Hull ide	ntification	Own	operator aber r (HIN)
Name of operator 2 (last, fine Address (number and street)	irst, middle initia et, city, state an (last, first, midd	al) id ZIP code)	lame of agent	OPEF Sex [Telephone (RATOR 2 Male Female) Age	Date of bi	·	ay, year) Hull ide	(Own	operator Department
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			VES	SEL 1					
☐ Injured	☐ Deceased	☐ Witness							
Name (last, first,	middle initial)			Age	Date of birth (month, day, year	r) Telephone number			
Address (number and street, city, state and ZIP code)									
Name of injury / cause of death / location at time of accident									
☐ Injured	☐ Deceased	☐ Witness							
Name (last, first,	middle initial)			Age	Date of birth (month, day, year	r) Telephone number			
Address (number	er and street, city,	, state and ZIP code)							
Name of injury /	Name of injury / cause of death / location at time of accident								
☐ Injured	☐ Deceased	☐ Witness							
Name (last, first,		_ William		Age	Date of birth (month, day, year	r) Telephone number			
		state and ZIP code)				()			
Name of injury /	cause of death /	location at time of accident							
			VES	SEL 2					
☐ Injured	☐ Deceased	☐ Witness							
Name (last, first,	middle initial)			Age	Date of birth (month, day, year	r) Telephone number			
Address (number	er and street, city,	, state and ZIP code)							
Name of injury /	cause of death /	location at time of accident							
☐ Injured	☐ Deceased	☐ Witness							
Name (last, first,	middle initial)			Age	Date of birth (month, day, year	r) Telephone number			
Address (number	er and street, city,	, state and ZIP code)							
Name of injury /	cause of death /	location at time of accident							
☐ Injured	☐ Deceased	Witness							
Name (last, first,		□ Wittless		Age	Date of birth (month, day, year	r) Telephone number			
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Address (number and street, city, state and ZIP code)									
Name of injury / cause of death / location at time of accident									
			DESCRIPTION	OF ACCIDEN	Т				
Explain how the	accident happen	ned, including the sequence of event	ts. If a diagram can be	ə provided, please	e attach.				
Printed name of	person submittin	g this report	Signature			Date submitted (month, day, year)			
			l .						