



REPORT OF INDIANA OPERATOR'S BOAT ACCIDENT

State Form 42528 (R2 / 6-06)

DEPARTMENT OF NATURAL RESOURCES

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.

ACCIDENT DATA									
Date (month, day, year)		Day of the week		Actual local time <input type="checkbox"/> AM <input type="checkbox"/> PM		Number of boats		Number of injuries / number of fatalities	
City		Township		County		State		Body of water	
Water condition <input type="checkbox"/> Calm <input type="checkbox"/> Strong current <input type="checkbox"/> Rough <input type="checkbox"/> Very rough		Wind (MPH) <input type="checkbox"/> None <input type="checkbox"/> Moderate (7-14) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Strong (15-25)			Weather <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy			Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night	
OPERATOR 1									
Name of operator 1 (last, first, middle initial)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth (month, day, year)		Telephone number ()	
Address (number and street, city, state and ZIP code)									
VESSEL 1									
Name of registered owner (last, first, middle initial)				Registration number			Hull identification number (HIN)		
USCG documented (name and number)				Year	Length (feet)	Make	Model	Color	
DAMAGE - VESSEL 1									
Estimated damage \$		Other property damage \$			Describe damage (use accident description for more detail)				
Other damaged property (include cargo)									
Name of object		Owner's name and address			Name of object		Owner's name and address		
INSURANCE 1									
Name of insurance company			Name of agent		Telephone number ()		Policy number		Policy applies to <input type="checkbox"/> Owner <input type="checkbox"/> Operator
OPERATOR 2									
Name of operator 2 (last, first, middle initial)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth (month, day, year)		Telephone number ()	
Address (number and street, city, state and ZIP code)									
VESSEL 2									
Name of registered owner (last, first, middle initial)				Registration number			Hull identification number (HIN)		
USCG documented (name and number)				Year	Length (feet)	Make	Model	Color	
DAMAGE - VESSEL 2									
Estimated damage \$		Other property damage \$			Describe damage (use accident description for more detail)				
Other damaged property (include cargo)									
Name of object		Owner's name and address			Name of object		Owner's name and address		
INSURANCE 2									
Name of insurance company			Name of agent		Telephone number ()		Policy number		Policy applies to <input type="checkbox"/> Owner <input type="checkbox"/> Operator
OFFICER									
Was officer at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of officer			Department				

Continued on reverse side

VESSEL 1

Injured Deceased Witness

Name (last, first, middle initial)	Age	Date of birth (month, day, year)	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)	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)	Telephone number ()
Address (number and street, city, state and ZIP code)			

Name of injury / cause of death / location at time of accident

VESSEL 2

Injured Deceased Witness

Name (last, first, middle initial)	Age	Date of birth (month, day, year)	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)	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)	Telephone number ()
Address (number and street, city, state and ZIP code)			

Name of injury / cause of death / location at time of accident

DESCRIPTION OF ACCIDENT

Explain how the accident happened, including the sequence of events. If a diagram can be provided, please attach.

Printed name of person submitting this report	Signature	Date submitted (month, day, year)
---	-----------	-----------------------------------