



Mail To:
 Attn: Law Enforcement Division
 4200 Smith School Road
 Austin, Texas 78744

Texas Parks & Wildlife Department
**Boating Accident Investigation &
 Boating Related Water Fatality Report**

All Marine Safety Enforcement Officers of this state reporting boating accidents that have damages exceeding \$2000.00 or results in bodily injury requiring treatment beyond first aid, and/or boating related water fatalities need to complete this form (PWD 1300-L2000) and submit through proper channels to the address listed above within 15 days.

1. Incident/Accident Data

A. Date of Accident	B. Time	C. Name of Body of Water	D. Water Body Code	E. Location (area or GPS Markings) Description
F. Nearest City or Town		G. County	H. County Code C -	I. State TEXAS
				LAT: <input type="text"/> <input type="text"/> <input type="text"/> LONG: <input type="text"/> <input type="text"/> <input type="text"/>

2. Weather Conditions

A. Weather	B. Water Conditions	C. Temperatures (estimate degree F)	D. Wind	E. Visibility	F. Weather Encountered
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy	<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/Swift Currents	Air <input type="text"/> Water <input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Light (0-12mph) <input type="checkbox"/> Moderate (13-24mph) <input type="checkbox"/> Strong (25-54mph) <input type="checkbox"/> Storm (over 55mph)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None	<input type="checkbox"/> Was as Forecast <input type="checkbox"/> Not as Forecast <input type="checkbox"/> No Forecast Obtained

3. Investigator Completing Report

A. Officers Name		B. Address		C. Officers Telephone
Last		Street		
First		Suite No.		D. Date Report Submitted
M.I.		City, State & Zip		
Agency Name		Agency E-mail		Agency Telephone

Complete this section by selecting all the Contributing Factors that apply.

<input type="checkbox"/> Unknown	<input type="checkbox"/> Ignition of Spilled Fuels or Vapors	<input type="checkbox"/> Sharp Turn	<input type="checkbox"/> Passenger/Skier Behavior
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Operator Inattention	<input type="checkbox"/> Standing, Sitting on Gunwale, Bow, or Transom	<input type="checkbox"/> Lack Of/No Skier Lookout
<input type="checkbox"/> Careless/Reckless Operation	<input type="checkbox"/> Improper Anchoring	<input type="checkbox"/> Starting in Gear	<input type="checkbox"/> Excessive Speed
<input type="checkbox"/> Congested Waters	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Wake	<input type="checkbox"/> Other:
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Lack of Improper Boat Lights	<input type="checkbox"/> Weather Conditions	
<input type="checkbox"/> Fault of Equipment	<input type="checkbox"/> Operator inexperience	<input type="checkbox"/> No Proper Lookout	
<input type="checkbox"/> Fault of Machinery	<input type="checkbox"/> Overloading	<input type="checkbox"/> Off-Throttle Steering	
<input type="checkbox"/> Fault of Hull	<input type="checkbox"/> Restricted Vision	<input type="checkbox"/> Navigation Aid Missing	
<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/> Rules of the Road Violation		

4. BRIEF NARRATIVE OF EVENTS

Briefly describe what happened in the accident. Do not reference another report (Sequence of events. Include equipment or machinery failure. **Draw a diagram on a separate sheet if it will help illustrate your meaning, labeling boats as Vessel #1, Vessel #2, etc.)**

BARD:

Date Entered:

By:

5. Vessel Information (Vessel # 1)

A. Boat Number (TX)	B. Boat Name	C. Boat Make	D. Boat Model	E. MFR. Hull Identification #
F. Type of Boat <input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe <input type="checkbox"/> Houseboat <input type="checkbox"/> Kayak <input type="checkbox"/> Jet Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Other (Specify) _____	G. Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify) _____	H. Engine <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Other (Specify) _____ Rented Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Propulsion No. of Engines <input type="text"/> Make <input type="text"/> Horsepower (total) <input type="text"/> Year Built <input type="text"/> Type of Fuel: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	J. Boat Data Vessel Length <input type="text"/> Feet <input type="text"/> Inches Width (Beam) <input type="text"/> Feet <input type="text"/> Inches Depth (Transom to Keel) <input type="text"/> Feet <input type="text"/> Inches Year Built <input type="text"/>

6. Operation at Time of Accident

7. Type of Accident

<input type="checkbox"/> Commercial Activity <input type="checkbox"/> At Anchor <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting	<input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Skin Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tubing <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Capsizing <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Fixed/Floating Object Collision <input type="checkbox"/> Vessel Collision <input type="checkbox"/> Electrocutation <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Grounding <input type="checkbox"/> Person Leaves Vessel <input type="checkbox"/> Person Ejected From Vessel <input type="checkbox"/> Sinking <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck by Vessel <input type="checkbox"/> Struck by Propeller or Propulsion Unit <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify) _____
Estimated Speed at time of Accident: <input type="text"/>		<input type="text"/>	

8. Personal Flotation Devices (PFD)

9. Fire Extinguishers

1. Was the boat adequately equipped with CG approved life saving Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Type of PFD I, II, III, IV, or V <input type="text"/>	1. Were there fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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10. Property Damage for This Vessel (Best estimate from a field observation – not representative of actual costs, must be entered)

This Boat Other Boat Other Property	Description of Damages: Number of persons on board: <input type="text"/> Number of persons being towed: <input type="text"/>	Boating Citations issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Identifying Information

Name of Owner of Vessel		Address:		Telephone:	
Last	Street			Date of Birth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First	City				
M.I.	State & Zip				
Name of Operator at time of Accident:		Address:		Telephone:	
Last	Street			Date of Birth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First	City				
M.I.	State & Zip				
Operators Experience: This Type of Boat: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None	Other Boat Operating Experience: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None	Formal Instruction in Boating Safety: <input type="checkbox"/> State Course <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Internet Course <input type="checkbox"/> None <input type="checkbox"/> Other <input type="text"/>	Must Check One of the Following: On Board, Prior To Accident, was Operator Using Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No BWI Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No Operator BAC: <input type="text"/>		Used safety lanyard? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Operator Wearing a Life Preserver? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Vessel # **(For more than 2 vessels involved make separate copies of this page.)**

A. Boat Number (TX)	B. Boat Name	C. Boat Make	D. Boat Model	E. MFR. Hull Identification #
F. Type of Boat <input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe <input type="checkbox"/> Houseboat <input type="checkbox"/> Kayak <input type="checkbox"/> Jet Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Other (Specify) <input type="text"/>	G. Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Plastic <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify) <input type="text"/>	H. Engine <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Jet Drive <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Other (Specify) <input type="text"/> Rented Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Propulsion No. of Engines <input type="text"/> Make <input type="text"/> Horsepower (total) <input type="text"/> Year Built <input type="text"/> Type of Fuel: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	J. Boat Data Vessel Length <input type="text"/> Feet <input type="text"/> Inches Width (Beam) <input type="text"/> Feet <input type="text"/> Inches Depth (Transom to Keel) <input type="text"/> Feet <input type="text"/> Inches Year Built <input type="text"/>

13. Operation at Time of Accident for this Vessel.

14. Type of Accident for This Vessel.

<input type="checkbox"/> Commercial Activity <input type="checkbox"/> At Anchor <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting	<input type="checkbox"/> Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Skin Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tubing <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Unknown <input type="checkbox"/> Capsizing <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Fixed/Floating Object Collision <input type="checkbox"/> Vessel Collision <input type="checkbox"/> Electrocution <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Grounding <input type="checkbox"/> Person Leaves Vessel <input type="checkbox"/> Person Ejected From Vessel <input type="checkbox"/> Sinking <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck by Vessel <input type="checkbox"/> Struck by Propeller or Propulsion Unit <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify) <input type="text"/>
Estimated Speed at time of Accident: <input type="text"/>			

15. Personal Flotation Device (PFDs) for This Vessel.

1. Was the boat adequately equipped with CG approved life saving Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Type of PFD I, II, III, IV, or V <input type="text"/>	1. Were there fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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16. Property Damage for This Vessel. (Best estimate from a field observation – not representative of actual costs, must be entered)

This Boat Other Boat Other Property	Description of Damages: Number of persons on board: <input type="text"/> Number of persons being towed: <input type="text"/> Boating Citations issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
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17. Identifying Information for This Vessel.

Name of Owner of Vessel		Address:		Telephone:
Last		Street		Date of Birth
First		City		
M.I.		State & Zip		
Name of Operator at time of Accident:		Address:		Telephone:
Last		Street		Date of Birth
First		City		
M.I.		State & Zip		
Operators Experience: This Type of Boat: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None	Other Boat Operating Experience: <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> None	Formal Instruction in Boating Safety: <input type="checkbox"/> State Course <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Internet Course <input type="checkbox"/> None <input type="checkbox"/> Other <input type="text"/>	Must Check One of the Following: On Board, Prior To Accident, was Operator Using Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No BWI Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No Operator BAC: <input type="text"/>	Used safety lanyard? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Operator Wearing a Life Preserver? <input type="checkbox"/> Yes <input type="checkbox"/> No

18. Injured Persons

Name		Address		Telephone
Last		Street		
First		City		Date of Birth
M.I.		State & Zip		
Nature of Injuries: (brief description including location)	Injury caused by:	Injured on board: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither		
		Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was a life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life jacket Type:		Coast Guard Approval Number:
Name		Address		Telephone
Last		Street		
First		City		Date of Birth
M.I.		State & Zip		
Nature of Injuries: (brief description including location)	Injury caused by:	Injured on board: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither		
		Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was a life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life jacket Type:		Coast Guard Approval Number:
Name		Address		Telephone
Last		Street		
First		City		Date of Birth
M.I.		State & Zip		
Nature of Injuries: (brief description including location)	Injury caused by:	Injured on board: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither		
		Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was a life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life jacket Type:		Coast Guard Approval Number:
Name		Address		Telephone
Last		Street		
First		City		Date of Birth
M.I.		State & Zip		
Nature of Injuries: (brief description including location)	Injury caused by:	Injured on board: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither		
		Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was a life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life jacket Type:		Coast Guard Approval Number:
Name		Address		Telephone
Last		Street		
First		City		Date of Birth
M.I.		State & Zip		
Nature of Injuries: (brief description including location)	Injury caused by:	Injured on board: <input type="checkbox"/> Vessel # 1 <input type="checkbox"/> Vessel # 2 <input type="checkbox"/> Neither		
		Did the injured receive treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was injured admitted to the hospital for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was a life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use Apparent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Life jacket Type:		Coast Guard Approval Number:

19. Witnesses and/or Passengers – Vessel # 1

Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No

20. Witnesses and/or Passengers – Vessel # 2

Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	DOB:	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Address:	Telephone:	Passenger <input type="checkbox"/> Witness <input type="checkbox"/> PFD worn <input type="checkbox"/> Yes <input type="checkbox"/> No

21. Water Fatality Information

Fatality related to: VESSEL # 1 VESSEL # 2

Name of Victim		Address		Date of Birth	
Last		Street		Drivers License Number	
First		City		State	#
M.I.		State & Zip		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Victim wearing a PFD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. PFD Type: Performance:		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Date and Time of Recovery <input type="checkbox"/> AM <input type="checkbox"/> PM		Recovered by: <input type="checkbox"/> Game Warden <input type="checkbox"/> Sheriff or Police Dept <input type="checkbox"/> Park Peace Officer <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> Fire Dept <input type="checkbox"/> Other			
Did death occur in a State Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Recovered?			
Activity of Victim: <input type="checkbox"/> Swimming <input type="checkbox"/> Wading <input type="checkbox"/> Surfing <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Tubing <input type="checkbox"/> Fishing <input type="checkbox"/> Canoeing <input type="checkbox"/> Windsurfing <input type="checkbox"/> Hunting <input type="checkbox"/> Tried Rescue <input type="checkbox"/> Wake Boarding		Death Caused by: <input type="checkbox"/> unknown <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Electrocution <input type="checkbox"/> Other		Cause Factor: <input type="checkbox"/> Fell in Water <input type="checkbox"/> Whitewater <input type="checkbox"/> Hit by Propeller <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Murder <input type="checkbox"/> Suicide <input type="checkbox"/> Power Line <input type="checkbox"/> Burn <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Kayaking <input type="checkbox"/> Illegal Entry <input type="checkbox"/> Working <input type="checkbox"/> Air Mattress <input type="checkbox"/> Diving <input type="checkbox"/> Jumping <input type="checkbox"/> Jet Ski <input type="checkbox"/> Para-Sailing <input type="checkbox"/> Skiing <input type="checkbox"/> Boating <input type="checkbox"/> Other (specify)		Victim was: <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer		Type of Water Body: <input type="checkbox"/> Gulf/ Bay <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Other (specify) Boat Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, complete form PWD 0060 Water Fatality Report	
Alcohol Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Was victim pronounced dead at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, by whom: County of:		Victim transported to:	
Was victim recovered at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, date and time of recovery: Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Discovery made by: (person or agency)	
Was TPWD notified? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes) Name					
Physical Condition of Deceased: <input type="checkbox"/> normal <input type="checkbox"/> ill <input type="checkbox"/> under the influence <input type="checkbox"/> handicapped					

22. Other Agencies Involved in Rescue/Recovery Operations

Agency Name:	Officer:
Agency Name:	Officer:
Agency Name:	Officer:

23. Water Fatality Information

Fatality Related to: VESSEL # 1 VESSEL # 2

Name of Victim		Address		Date of Birth	
Last		Street		Drivers License Number	
First		City		State #	
M.I.		State & Zip		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Victim wearing a PFD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. PFD Type: Performance:		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Date and Time of Recovery <input type="checkbox"/> AM <input type="checkbox"/> PM		Recovered by: <input type="checkbox"/> Game Warden <input type="checkbox"/> Sheriff or Police Dept <input type="checkbox"/> Park Peace Officer <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> Fire Dept <input type="checkbox"/> Other			
Did death occur in a State Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Recovered?			
Activity of Victim: <input type="checkbox"/> Swimming <input type="checkbox"/> Kayaking <input type="checkbox"/> Wading <input type="checkbox"/> Illegal Entry <input type="checkbox"/> Surfing <input type="checkbox"/> Working <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Air Mattress <input type="checkbox"/> Tubing <input type="checkbox"/> Diving <input type="checkbox"/> Fishing <input type="checkbox"/> Jumping <input type="checkbox"/> Canoeing <input type="checkbox"/> Jet Ski <input type="checkbox"/> Windsurfing <input type="checkbox"/> Para-Sailing <input type="checkbox"/> Hunting <input type="checkbox"/> Skiing <input type="checkbox"/> Tried Rescue <input type="checkbox"/> Boating <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (specify)		Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Electrocution <input type="checkbox"/> Other (specify)		Cause Factor: <input type="checkbox"/> Fell in Water <input type="checkbox"/> Whitewater <input type="checkbox"/> Hit by Propeller <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Murder <input type="checkbox"/> Suicide <input type="checkbox"/> Power Line <input type="checkbox"/> Burn <input type="checkbox"/> Other (specify)	
		Victim was: <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer		Type of Water Body: <input type="checkbox"/> Gulf/ Bay <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Other (specify)	
				Alcohol Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
				Drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
				Boat Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, complete form PWD 0060 Water Fatality Report	
Was victim pronounced dead at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, by whom: County of:		Victim transported to:	
Was victim recovered at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, date and time of recovery: Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Discovery made by: (person or agency)	
Was TPWD notified? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes) Name					
Physical Condition of Deceased: <input type="checkbox"/> normal <input type="checkbox"/> ill <input type="checkbox"/> under the influence <input type="checkbox"/> handicapped					

24. Water Fatality Information

Fatality Related to: VESSEL # 1 VESSEL # 2

Name of Victim		Address		Date of Birth	
Last		Street		Drivers License Number	
First		City		State #	
M.I.		State & Zip		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Victim wearing a PFD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. PFD Type: Performance:		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Date and Time of Recovery <input type="checkbox"/> AM <input type="checkbox"/> PM		Recovered by: <input type="checkbox"/> Game Warden <input type="checkbox"/> Sheriff or Police Dept <input type="checkbox"/> Park Peace Officer <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> Fire Dept <input type="checkbox"/> Other			
Did death occur in a State Park? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Recovered?			
Activity of Victim: <input type="checkbox"/> Swimming <input type="checkbox"/> Kayaking <input type="checkbox"/> Wading <input type="checkbox"/> Illegal Entry <input type="checkbox"/> Surfing <input type="checkbox"/> Working <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Air Mattress <input type="checkbox"/> Tubing <input type="checkbox"/> Diving <input type="checkbox"/> Fishing <input type="checkbox"/> Jumping <input type="checkbox"/> Canoeing <input type="checkbox"/> Jet Ski <input type="checkbox"/> Windsurfing <input type="checkbox"/> Para-Sailing <input type="checkbox"/> Hunting <input type="checkbox"/> Skiing <input type="checkbox"/> Tried Rescue <input type="checkbox"/> Boating <input type="checkbox"/> Wake Boarding <input type="checkbox"/> Other (specify)		Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Electrocution <input type="checkbox"/> Other (specify)		Cause Factor: <input type="checkbox"/> Fell in Water <input type="checkbox"/> Whitewater <input type="checkbox"/> Hit by Propeller <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Murder <input type="checkbox"/> Suicide <input type="checkbox"/> Power Line <input type="checkbox"/> Burn <input type="checkbox"/> Other (specify)	
		Victim was: <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer		Type of Water Body: <input type="checkbox"/> Gulf/ Bay <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Creek/Stream <input type="checkbox"/> Other (specify)	
				Alcohol Use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
				Drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
				Boat Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, complete form PWD 0060 Water Fatality Report	
Was victim pronounced dead at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, by whom: County of:		Victim transported to:	
Was victim recovered at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, date and time of recovery: Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Discovery made by: (person or agency)	
Was TPWD notified? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes) Name					
Physical Condition of Deceased: <input type="checkbox"/> normal <input type="checkbox"/> ill <input type="checkbox"/> under the influence <input type="checkbox"/> handicapped					

25. OFFICER'S COMPREHENSIVE NARRATIVE (Attach additional pages if required - Do not reference reports without including them for the file.)

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Officers Signature and Date	Immediate Supervisor:
	Supervisor Telephone Number:
Charges Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	

26. Enforcement Action Taken (List all charges for this incident)

Citations Issued:	Name:	Charge:	<input type="checkbox"/> Misdemeanor
	Citation Number:	Date:	<input type="checkbox"/> Felony
<input type="checkbox"/> Vessel # 1 Operator	<input type="checkbox"/> Vessel # 2 Operator	<input type="checkbox"/> Other	<input type="checkbox"/> Referred to or filed by: (complete below)
Name of Agency filing case or Court referred to:			
Citations Issued:	Name:	Charge:	<input type="checkbox"/> Misdemeanor
	Citation Number:	Date:	<input type="checkbox"/> Felony
<input type="checkbox"/> Vessel # 1 Operator	<input type="checkbox"/> Vessel # 2 Operator	<input type="checkbox"/> Other	<input type="checkbox"/> Referred to or filed by: (complete below)
Name of Agency filing case or Court referred to:			
Citations Issued:	Name:	Charge:	<input type="checkbox"/> Misdemeanor
	Citation Number:	Date:	<input type="checkbox"/> Felony
<input type="checkbox"/> Vessel # 1 Operator	<input type="checkbox"/> Vessel # 2 Operator	<input type="checkbox"/> Other	<input type="checkbox"/> Referred to or filed by: (complete below)
Name of Agency filing case or Court referred to:			
Citations Issued:	Name:	Charge:	<input type="checkbox"/> Misdemeanor
	Citation Number:	Date:	<input type="checkbox"/> Felony
<input type="checkbox"/> Vessel # 1 Operator	<input type="checkbox"/> Vessel # 2 Operator	<input type="checkbox"/> Other	<input type="checkbox"/> Referred to or filed by: (complete below)
Name of Agency filing case or Court referred to:			
Citations Issued:	Name:	Charge:	<input type="checkbox"/> Misdemeanor
	Citation Number:	Date:	<input type="checkbox"/> Felony
<input type="checkbox"/> Vessel # 1 Operator	<input type="checkbox"/> Vessel # 2 Operator	<input type="checkbox"/> Other	<input type="checkbox"/> Referred to or filed by: (complete below)
Name of Agency filing case or Court referred to:			

This report is for informational and statistical purposes only and is subject to the Texas Public Information Act. All case documents and evidence shall be retained by the investigating officer and agency. Applicable fees for copies of reports may apply.

All damage estimates are field observations by the investigating officer of owner(s) vessels and property and are not intended for insurance or restitution purposes.

Total number of pages for this report

DO NOT COMPLETE – FOR MARINE ENFORCEMENT SECTION ONLY

Reviewed by:	Date received	Date entered into BARD

Please submit completed forms to: Texas Parks & Wildlife Department, 4200 Smith School Road, Austin, Texas 78744
or email to le.marine@tpwd.texas.gov



TEXAS PARKS & WILDLIFE DEPARTMENT VESSEL DAMAGE RECORD/MEASUREMENT REPORT

REPORT NUMBER

VESSEL NUMBER

OFFICER

VESSEL NUMBER

OPERATOR

BOAT REG. NUMBER

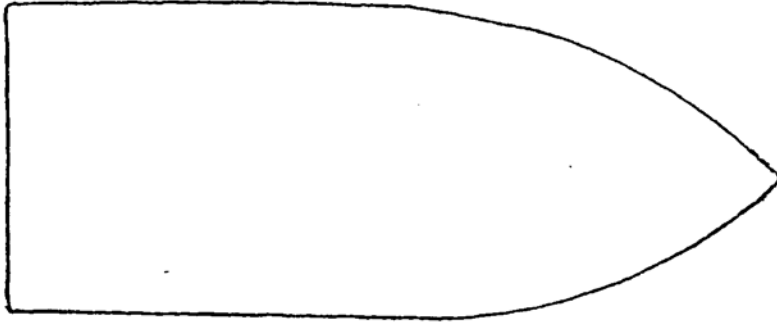
VESSEL MAKE

LENGTH

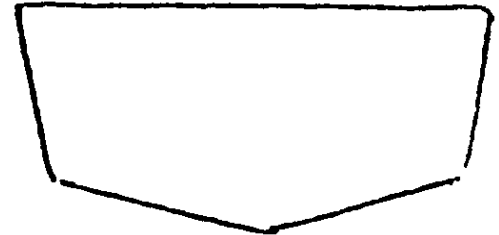
YEAR

VESSEL TYPE

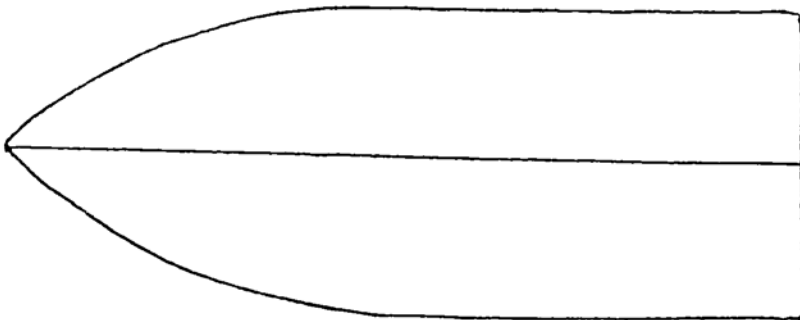
VESSEL COLOR(S)



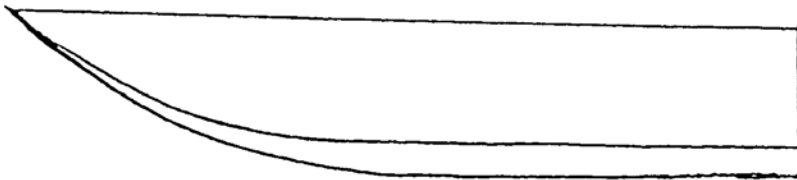
TOP VIEW:



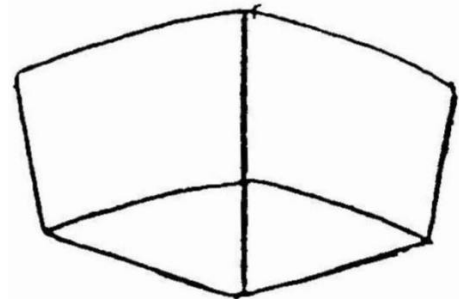
TRANSOM:



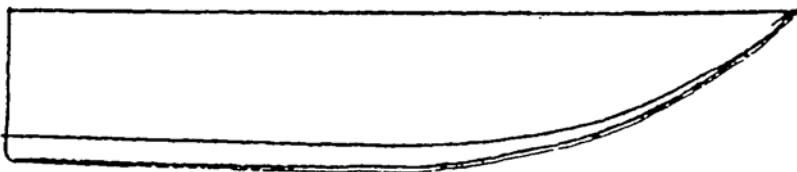
BOTTOM OF HULL:



PORT SIDE:



BOW:



STARBOARD SIDE:

SIGNATURE OF OFFICER

Date



TEXAS PARKS & WILDLIFE DEPARTMENT DIAGRAM

REPORT NUMBER

- Water Craft Accident
- Buoy Diagram
- Other _____

BOAT #1 (OPER.) _____
 BOAT #2 (OPER.) _____

REPORTING OFFICER/BADGE NO.

DATE OF OCCURENCE

BODY OF WATER

TIME OF OCCURENCE
 AM PM

NOTE: DIAGRAM IS NOT TO SCALE UNLESS OTHERWISE NOTED.



INDICATE NORTH

INVESTIGATING OFFICER SIGNATURE AND BADGE NO.

DATE



TEXAS PARKS & WILDLIFE DEPARTMENT WOUND CHART REPORT

CASE REPORT NUMBER

MEDICAL EXAMINER CASE NUMBER

DATE THIS REPORT PREPARED

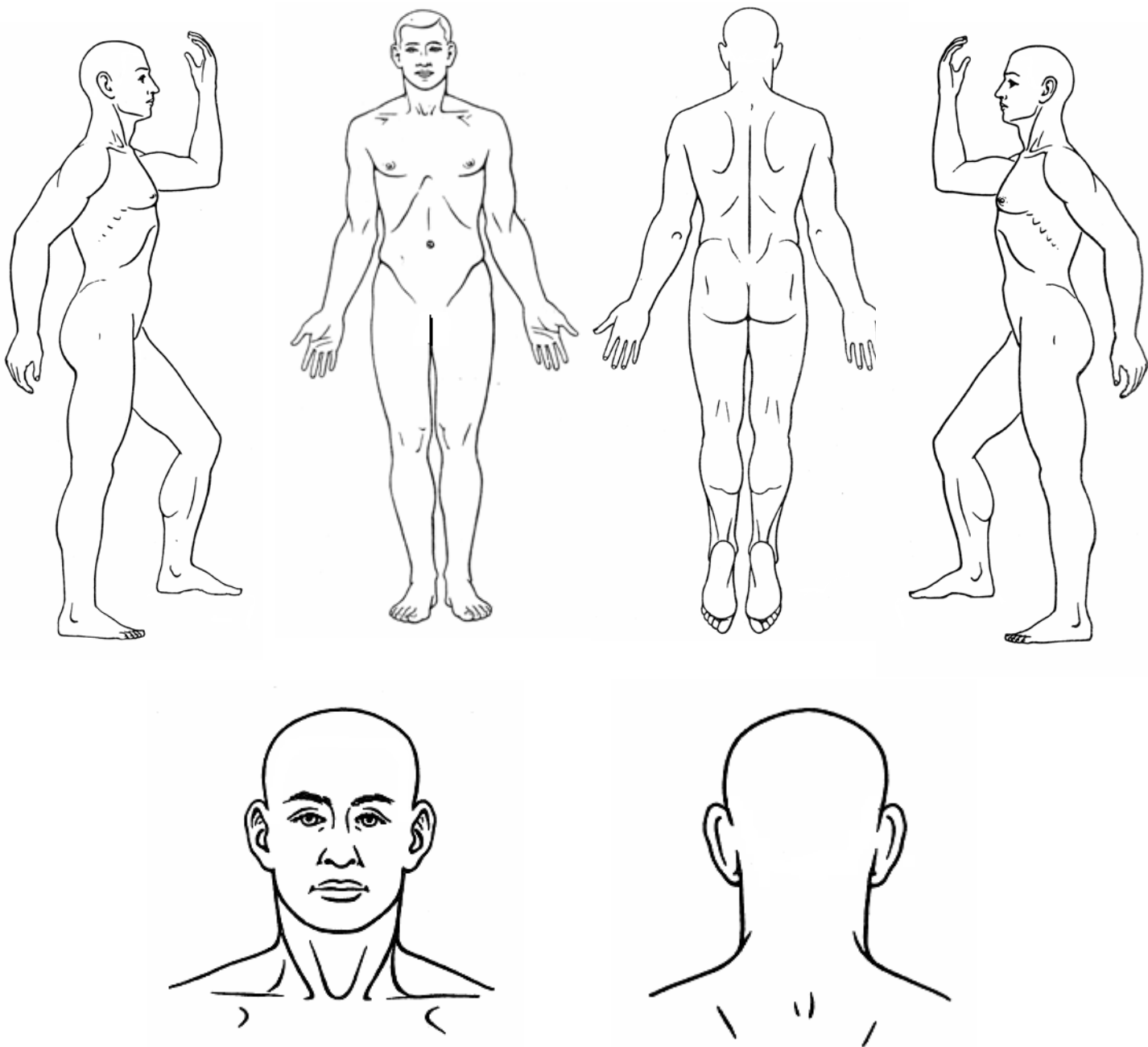
OFFICER/BADGE NO. PREPARING THIS REPORT

BOAT OPERATOR(S) VICTIM
 DEFENDANT

TYPE OF REPORT

- WATERCRAFT ACCIDENT INVESTIGATION
- DROWNING INVESTIGATION
- CRIMINAL INVESTIGATION
- OTHER

MARK ALL WOUNDS ACCORDINGLY



OFFICER SIGNATURE/BADGE NO.

DATE



TEXAS PARKS & WILDLIFE DEPARTMENT CASE IDENTIFIER

CASE

VICTIM

SUSPECT

DATE/TIME

CITY/COUNTY

OFFICER