



Tennessee Boating Accident Report

Preliminary Supplemental Final

Type: Fatality Injury beyond first aid PWC involved
 Missing person Property damage over \$500 Other

USCG Assigned #

Agency Case # 093040

Estimated total damage \$.00

General and Geographic Information

Date of Accident	05 / 05 / 2009	Day of Week	Tuesday	Time of Accident (mil)	22:02	Date/Time Officer Arrived (mil)	05 / 05 / 2009	22:32
Nearest City	CHATTANOOGA			Body of Water	NICKAJACK LAKE			
Exact Location	Upper Nickajack Lake Near Rivermont Boat Ramp					Nearest River Mile or Point Marker	<input checked="" type="checkbox"/> TRM 468.5	
Accident Site:	<input type="checkbox"/> Lake/Reservoir	<input checked="" type="checkbox"/> River	<input type="checkbox"/> Below Dam	<input type="checkbox"/> Agency Lake	<input type="checkbox"/> Creek	<input type="checkbox"/> Marina/Harbor	<input type="checkbox"/> Boat Ramp	

Restricted Area

<input type="checkbox"/> No Wake	<input type="checkbox"/> Special Event (Permitted)	<input type="checkbox"/> Boats "Keep Out"	<input type="checkbox"/> None	N A D 83	Latitude	35 . 09789
<input type="checkbox"/> Swimming Area	<input type="checkbox"/> PFD Wear Required	<input type="checkbox"/> Other			Longitude	085 . 25814

Weather (Check all that apply.)	Visibility	Light	Water Conditions	Wind	Temperature
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Sleet/Snow	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night	<input type="checkbox"/> Calm (waves less than 6") <input checked="" type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very rough (larger than 6') <input type="checkbox"/> White water (river)	<input checked="" 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)	Air 73 deg F. Water 66 deg F. Strong Current <input type="checkbox"/> River Current <input checked="" type="checkbox"/> Dam Generated

Reg. or Doc. # <input type="checkbox"/> Unknown at this time	TN-5498-AW	HIN	FBK0685JD685	Documented Name	N/A	Year Built	1985
Length	14'	Make	Bomber	Model Name	Open	# of POB	3
						# Fatal	2
						# Injured	0
						# Skiers Being Towed	0

Estimated Speed	<input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> 21-40 mph <input checked="" type="checkbox"/> None	Federal Definition of Vessel	<input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Government <input type="checkbox"/> Commercial	Est. Damage This Boat	\$.00
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V E S S E L	Operator Info	Driver's License or Boater ID #	TN 69773214				Status	<input checked="" type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality
	Last	Crain	First	Bradley	MI	S	Age	47
	DOB	09 / 16 / 1961		Home Ph.	(423) 227-4492			
	Street	3717 Dixie Circle			City	Lupton City	State	TN
	ZIP	37351	Cell Ph.	(423) 313-1829				

N U M B E R	Operator Experience	<input type="checkbox"/> Under 10 hrs <input type="checkbox"/> Over 100 hrs <input checked="" type="checkbox"/> 10-100 hrs	Operator Education	<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> Other <input type="checkbox"/> Red Cross <input type="checkbox"/> State <input checked="" type="checkbox"/> None	BUI Info	<input type="checkbox"/> Refused <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs	BAC	<input checked="" type="checkbox"/> Been drinking <input type="checkbox"/> No alcohol	Gender	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> PFD used	<input checked="" type="checkbox"/> Person can swim	<input type="checkbox"/> Person was ejected

Owner Info: Fill in owner's name, address and phone number below. Check if also operator or occupant. If occupant, use occupant section.

Crain Bradley S 3717 Dixie Circle Lupton City TN 37351 (423)227-4492

1	Non-fatal or Uninjured Occupant Information: Attach injury/fatal data sheets for each injury or fatality.						
	Name	Phone	DOB	Gender	Person was ejected	PFD used	Person can swim
Oc1	()	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc2	()	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc3	()	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc4	()	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Vessels Involved 1

Total Injured 0

Total Fatalities 2

Tennessee Boating Accident Report

VESSEL	Reg. or Doc. # <input type="checkbox"/> Unknown at this time		HIN		Documented Name			Year Built			
	Length	Make	Model Name		# of POB	# Fatal	# Injured	# Skiers Being Towed			
	Estimated Speed			Federal Definition of Vessel			Est. Damage This Boat				
	<input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> None			<input type="checkbox"/> Recreational <input type="checkbox"/> Government <input type="checkbox"/> Commercial			\$.00				
NUMBER	Operator Info <input type="checkbox"/> No Operator						Driver's License or Boater ID #		Status		
	Last		First		MI	Age	DOB / /		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality		
	Street						Home Ph. ()		Fill out injury/fatal data sheet as required.		
	City				State	ZIP	Cell Ph. ()				
Operator Experience			Operator Education			BUI Info BAC		Gender <input type="checkbox"/> M <input type="checkbox"/> F			
<input type="checkbox"/> Under 10 hrs <input type="checkbox"/> Over 100 hrs <input type="checkbox"/> 10-100 hrs			<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> Other <input type="checkbox"/> Red Cross <input type="checkbox"/> State <input type="checkbox"/> None			<input type="checkbox"/> Refused <input type="checkbox"/> BUI arrest <input type="checkbox"/> Been drinking <input type="checkbox"/> Drugs <input type="checkbox"/> No alcohol		<input type="checkbox"/> PFD used <input type="checkbox"/> Person can swim <input type="checkbox"/> Person was ejected			
Owner Info: Fill in owner's name, address and phone number below. Check if also operator <input type="checkbox"/> or occupant. <input type="checkbox"/> If occupant, use occupant section.											
2	Non-fatal or Uninjured Occupant Information: Attach injury/fatal data sheets for each injury or fatality.										
	Name		Phone			DOB		Gender	Person was ejected	PFD used	Person can swim
			()		/ /	M	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Oc1		()		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Oc2		()		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc3		()		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Oc4		()		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Type of Boat				# of Engines		Propulsion		Safety Equipment			
V-1 V-2 Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe <input type="checkbox"/> Houseboat <input type="checkbox"/> Kayak <input checked="" type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft		V-1 V-2 Vessel <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Raft <input type="checkbox"/> Rowboat (Jon) <input type="checkbox"/> Sail (aux. power) <input type="checkbox"/> Sail (only) <input type="checkbox"/> Other _____		Vessel 1 1 Vessel 2 _____ Total HP/CC Vessel 1 0040 Vessel 2 _____		V-1 V-2 Vessel <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet		V-1 V-2 Vessel <input type="checkbox"/> Required PFDs on board <input checked="" type="checkbox"/> PFDs accessible <input checked="" type="checkbox"/> Fire extinguisher on board <input type="checkbox"/> Fire extinguisher used <input type="checkbox"/> Navigation lights operational <input type="checkbox"/> Navigation lights turned on <input type="checkbox"/> Current safety exam			
Hull Material				Fuel		Engine		Vessel was:			
V-1 V-2 Vessel <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Rubber		V-1 V-2 Vessel <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Steel <input type="checkbox"/> Plastic/Vinyl <input type="checkbox"/> Other _____		V-1 V-2 Vessel <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gasoline		V-1 V-2 Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Inboard <input checked="" type="checkbox"/> Outboard <input type="checkbox"/> I/O		V-1 V-2 Vessel <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed (not in household)			
Operation at Time of Accident				Activity at Time of Accident							
Enter up to 3 for each vessel.				Enter up to 3 for each vessel.							
V-1 V-2 Vessel <input checked="" type="checkbox"/> At anchor <input type="checkbox"/> Being towed <input type="checkbox"/> Towing a boat <input checked="" type="checkbox"/> Changing direction <input type="checkbox"/> Changing speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docked (moored)		V-1 V-2 Vessel <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching/Loading <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Wake/Surf jumping <input type="checkbox"/> Other _____		V-1 V-2 Vessel/Injured <input type="checkbox"/> Commercial purpose <input checked="" type="checkbox"/> Fishing (recreational) <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Making repairs <input type="checkbox"/> Racing <input type="checkbox"/> Racing (unpermitted) <input type="checkbox"/> Recreational cruising			V-1 V-2 Vessel/Injured <input type="checkbox"/> Scuba diving <input type="checkbox"/> Skiing (skurfing, etc.) <input type="checkbox"/> Starting engine <input type="checkbox"/> Swimming/Snorkling <input type="checkbox"/> Tournament fishing <input type="checkbox"/> Boat pulling tube <input type="checkbox"/> Other _____				

Tennessee Boating Accident Report

Accident Type

You may enter a primary, secondary and tertiary accident type for each vessel by placing a 1, 2 or 3 in the appropriate box. Use boating accident supplemental sheet for additional vessels.

V-1 V-2 Vessel	V-1 V-2 Vessel	V-1 V-2 Vessel
<input checked="" type="checkbox"/> <input type="checkbox"/> Capsizing	<input type="checkbox"/> <input type="checkbox"/> Fall on PWC	<input type="checkbox"/> <input type="checkbox"/> Struck by boat (person)
<input type="checkbox"/> <input type="checkbox"/> Carbon monoxide	<input type="checkbox"/> <input type="checkbox"/> Fire/Explosion (fuel)	<input type="checkbox"/> <input type="checkbox"/> Struck by skeg/prop (person)
<input type="checkbox"/> <input type="checkbox"/> Collision with fixed object	<input type="checkbox"/> <input type="checkbox"/> Fire/Explosion (non-fuel)	<input type="checkbox"/> <input type="checkbox"/> Struck underwater object
<input type="checkbox"/> <input type="checkbox"/> Collision with floating object or person	<input checked="" type="checkbox"/> <input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> <input type="checkbox"/> Vessel wake damage
<input type="checkbox"/> <input type="checkbox"/> Collision with vessel	<input type="checkbox"/> <input type="checkbox"/> Grounding	<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Fall in boat	<input type="checkbox"/> <input type="checkbox"/> Sinking	
<input type="checkbox"/> <input type="checkbox"/> Falls overboard	<input type="checkbox"/> <input type="checkbox"/> Skier hit object	

What contributed to the accident?

You may enter up to three contributing causes for each vessel.

V-1 V-2 Vessel	V-1 V-2 Vessel	V-1 V-2 Vessel
<input checked="" type="checkbox"/> <input type="checkbox"/> Alcohol use	<input type="checkbox"/> <input type="checkbox"/> Ignition of fuel vapor	<input type="checkbox"/> <input type="checkbox"/> Standing/sitting on gunwale, bow or transom
<input type="checkbox"/> <input type="checkbox"/> Careless	<input checked="" type="checkbox"/> <input type="checkbox"/> Improper anchoring	<input type="checkbox"/> <input type="checkbox"/> Sharp turn
<input type="checkbox"/> <input type="checkbox"/> Congested waters	<input type="checkbox"/> <input type="checkbox"/> Improper loading	<input type="checkbox"/> <input type="checkbox"/> Skier or occupant behavior
<input type="checkbox"/> <input type="checkbox"/> Dam or lock	<input type="checkbox"/> <input type="checkbox"/> Lack of proper lights	<input type="checkbox"/> <input type="checkbox"/> Violation of navigation rule
<input checked="" type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> Machinery failure (below)	<input type="checkbox"/> <input type="checkbox"/> Vision obstructed
<input type="checkbox"/> <input type="checkbox"/> Equipment failure (below)	<input type="checkbox"/> <input type="checkbox"/> No proper lookout	<input type="checkbox"/> <input type="checkbox"/> Off throttle steering jet
<input type="checkbox"/> <input type="checkbox"/> Excessive speed	<input type="checkbox"/> <input type="checkbox"/> Operator inattention	<input type="checkbox"/> <input type="checkbox"/> Weather
<input type="checkbox"/> <input type="checkbox"/> Failure to vent fumes	<input type="checkbox"/> <input type="checkbox"/> Operator inexperience	<input type="checkbox"/> <input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> <input type="checkbox"/> Hazardous waters	<input checked="" type="checkbox"/> <input type="checkbox"/> Overloading	
<input type="checkbox"/> <input type="checkbox"/> Hull failure	<input type="checkbox"/> <input type="checkbox"/> Reckless	

Equipment Failure

Indicate the equipment that failed.

V-1 V-2 Vessel	V-1 V-2 Vessel
<input type="checkbox"/> <input type="checkbox"/> Auxiliary equipment	<input type="checkbox"/> <input type="checkbox"/> Sail demasting
<input type="checkbox"/> <input type="checkbox"/> Communications	<input type="checkbox"/> <input type="checkbox"/> Seat broke loose
<input type="checkbox"/> <input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> <input type="checkbox"/> Sound producing
<input type="checkbox"/> <input type="checkbox"/> PFDs	<input type="checkbox"/> <input type="checkbox"/> Visual distress

Machinery Failure

Indicate every system that failed for each vessel.

V-1 V-2 Vessel	V-1 V-2 Vessel
<input type="checkbox"/> <input type="checkbox"/> Electrical system	<input type="checkbox"/> <input type="checkbox"/> Steering system
<input type="checkbox"/> <input type="checkbox"/> Engine failure	<input type="checkbox"/> <input type="checkbox"/> Throttle failure
<input type="checkbox"/> <input type="checkbox"/> Fuel system	<input type="checkbox"/> <input type="checkbox"/> Ventilation system
<input type="checkbox"/> <input type="checkbox"/> Shift failure	<input type="checkbox"/> <input type="checkbox"/> Starting engine in gear

Non-vessel Property Damage

Describe damaged property.

Damage excluding the vessels involved or their contents? Yes No

If yes, the estimated amount is \$ _____ .00

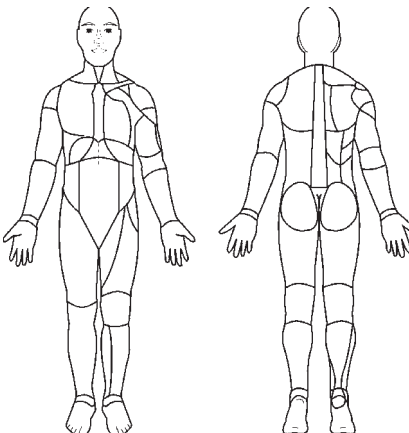
Property owner information	Last	First	MI	Home Ph. () ()
	Street			Cell Ph. () ()
	City			State ZIP

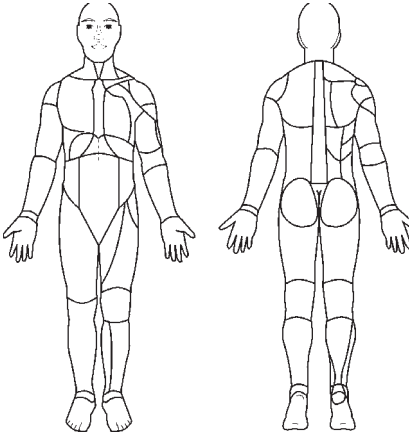
Violations

Vessel Priority: Vessel # Stand on Vessel # Give way

Vess #	Violators Name (Just check box if operator.)	Statute #	Violation	Type	Citation/Case #
Operator 1	<input checked="" type="checkbox"/> Crain, Bradley	69-9-207	Violation of Vessel Registration Law	Citation Warning	No action Pending
Operator 1	<input checked="" type="checkbox"/> Crain, Bradley	69-9-216	Negligent Operation - Vessel	Citation Warning	No action Pending
Operator 1	<input checked="" type="checkbox"/> Crain, Bradley	69-9-217	Boating Under the Influence	Citation Warning	No action Pending
Operator 1	<input checked="" type="checkbox"/> Crain, Bradley	39-13-212	Criminally Negligent Homicide	Citation Warning	No action Pending
Operator 1	<input checked="" type="checkbox"/> Crain, Bradley	39-13-212	Criminally Negligent Homicide	Citation Warning	No action Pending
Operator	<input type="checkbox"/>			Citation Warning	No action Pending
Operator	<input type="checkbox"/>			Citation Warning	No action Pending

Tennessee Boating Accident Injury/Fatal Data

VESSEL	Type <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located)						Treatment <input type="checkbox"/> Treated and released <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment		
	Victim Information <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input checked="" type="checkbox"/> Occupant <input type="checkbox"/> Skier <input checked="" type="checkbox"/> M <input type="checkbox"/> F								
	Last Landers			First Jeremiah		MI C	Age 23	DOB 02 /19 /1986	
	Street 3717 Dixie Circle						Home Ph. ()		
City Lupton City			State TN	ZIP 37351		Cell Ph. (423) 313-1829			
INJURED	Injury caused by <input type="checkbox"/> Impact with boat <input type="checkbox"/> Impact with water <input type="checkbox"/> Impact with fixed object <input type="checkbox"/> Impact with floating object <input type="checkbox"/> Struck by boat <input type="checkbox"/> Propeller or skeg <input type="checkbox"/> Other _____		Pri. and sec. injury <input type="checkbox"/> Amputation <input type="checkbox"/> Back injury <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Burns <input type="checkbox"/> Contusions <input type="checkbox"/> Dislocations <input type="checkbox"/> Head injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal injuries <input type="checkbox"/> Laceration <input type="checkbox"/> Neck injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw		PFD use <input type="checkbox"/> Type I <input type="checkbox"/> Type III <input type="checkbox"/> Type V <input type="checkbox"/> Type II <input type="checkbox"/> Type IV <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved USCG Approval # _____		Location of injury 		
	Victim activity <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Recreational cruising <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Waterskiing <input type="checkbox"/> Other _____		Physical condition <input type="checkbox"/> Unknown <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ Alcohol involved BAC _____				

VESSEL	Type <input type="checkbox"/> Injured <input checked="" type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located)						Treatment <input type="checkbox"/> Treated and released <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment		
	Victim Information <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input checked="" type="checkbox"/> Occupant <input type="checkbox"/> Skier <input checked="" type="checkbox"/> M <input type="checkbox"/> F								
	Last Russell			First Jamichael		MI A	Age 22	DOB 09 /24 /1986	
	Street 312 McBrien Road Apt 321						Home Ph. ()		
City Chattanooga			State TN	ZIP 37411		Cell Ph. (423) 355-3435			
INJURED	Injury caused by <input type="checkbox"/> Impact with boat <input type="checkbox"/> Impact with water <input type="checkbox"/> Impact with fixed object <input type="checkbox"/> Impact with floating object <input type="checkbox"/> Struck by boat <input type="checkbox"/> Propeller or skeg <input type="checkbox"/> Other _____		Pri. and sec. injury <input type="checkbox"/> Amputation <input type="checkbox"/> Back injury <input type="checkbox"/> Broken bone(s) <input type="checkbox"/> Burns <input type="checkbox"/> Contusions <input type="checkbox"/> Dislocations <input type="checkbox"/> Head injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal injuries <input type="checkbox"/> Laceration <input type="checkbox"/> Neck injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw		PFD use <input type="checkbox"/> Type I <input type="checkbox"/> Type III <input type="checkbox"/> Type V <input type="checkbox"/> Type II <input type="checkbox"/> Type IV <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved USCG Approval # _____		Location of injury 		
	Victim activity <input checked="" type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Recreational cruising <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Waterskiing <input type="checkbox"/> Other _____		Physical condition <input type="checkbox"/> Unknown <input type="checkbox"/> Handicapped <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input checked="" type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ Alcohol involved BAC _____				

Tennessee Boating Accident Report

Diagram of Accident: If applicable, diagram exactly what happened. Show the direction/location of boats involved before, during and after accident.

Diagram not to scale

Brief Synopsis of Accident: Synopsis for USCG database use.

All damage estimates are based on field observations or owner statements and are not intended for insurance or restitution purposes.
BASED ON INFORMATION TO DATE:

On Tuesday, May 5th, 2009 at approximately 9:30 p.m. Vessel 1 launched from the Rivermont Boat Ramp along the Tennessee River. The vessel was a 1985 14' Bomber bass type boat operated/owned by Mr. Bradley Crain. The vessel was also occupied by his step-son, Mr. Jeremiah Landers and his friend, Mr. Jamichael Russell. They left the boat ramp and proceeded upstream approximately 50 yards to where Mr. Crain had fished in the past. It was the intent of all vessel occupants to fish from the vessel. Mr. Crain attempted to anchor the vessel by throwing a small anchor out and securing it to a cleat on the port stern of the vessel. The anchor did catch and began to make the vessel ride low in the water around the stern area and making the vessel unstable in the water. Mr. Crain did start the motor and put the vessel in reverse in order to maneuver the vessel upstream and take some tension out of the tight anchor line while his step-son attempted to help. This action of maneuvering the vessel did contribute to pulling the stern of the vessel underwater and cause the vessel to swamp with water and capsize. When the vessel capsized, Mr. Crain, Mr. Landers, and Mr. Russell were all ejected from the vessel. Mr. Crain was able to swim to shore and request help from two witnesses who were walking nearby. Mr. Crain did hear Mr. Landers and Mr. Russell talking while they were swept downriver until he lost verbal contact with them in the vicinity of the Rivermont boat ramp. None of the three vessel occupants were wearing a life jacket.

On the morning of Saturday May 9th, 2009 Mr. Jeremiah Landers was found floating face down in the Tennessee River downstream from the Rivermont boat ramp.

On the morning of Sunday May 10th, 2009 Mr. Jamichael Russell was found floating face down in the Tennessee River downstream from the Rivermont boat ramp.

Tennessee Boating Accident Report

Additional Witnesses				
Name	Address			Phone #
Kim Motley	3246 Ozark Circle	Chattanooga	TN	(423)870-5525
Kent Collyer	1327 Highland Road	Chattanooga	TN 37415	(423)802-7886

Notes
 October 28th 2009 Meeting with Hamilton County DA - Neal Pinkston, Bill Cox, Kate Lavery - Possible Criminal Charges discussed

Officer Completing Report					Case file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Officer's Signature <i>Matt Majors</i>		Date 05/12/2009	Supervisor's Signature		Date	
Print Officer's Name and ID# Matt Majors 347			Print Supervisor's Name and ID#			Boating Division Use Only
Investigative Time: Include total hours for response, search and rescue, and investigation.						
Officer's Hours 68 .0	Supervisor's Hours .	Investigator's Hours .	Administrative Hours .	Total Hours .		

DO NOT COMPLETE BELOW THIS LINE - STATE BOATING SAFETY REVIEWING AUTHORITY ONLY

Federal Accident Classification: For statistical use.
 Recreational Commercial Government Non-reportable _____

Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed by:	ID#