



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 # 103088

Estimated total damage \$.00

General and Geographic Information

Date of Accident	06 / 19 / 2010	Day of Week	Saturday	Time of Accident (mil)	17:30	Date/Time Officer Arrived (mil)	06 / 19 / 2010	18:10
Nearest City	SODDY DAISY			Body of Water	CHICKAMAUGA LAKE			
Exact Location	TN River Channel between Grasshopper Creek and Possum Creek					Nearest River Mile or Point Marker	<input checked="" type="checkbox"/> 490.8	
Accident Site:	<input checked="" type="checkbox"/> Lake/Reservoir <input 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 checked="" type="checkbox"/> None	N A D 83	Latitude	35 . 30171
<input type="checkbox"/> Swimming Area	<input type="checkbox"/> PFD Wear Required	<input type="checkbox"/> Other			Longitude	85 . 07187

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 checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input 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 _____ deg F. Water _____ deg F. Strong Current <input type="checkbox"/> River Current <input type="checkbox"/> Dam Generated

Reg. or Doc. # <input type="checkbox"/> Unknown at this time	HIN	Documented Name	Year Built
TN 0011 DZ	GLA73936M77H	N/A	1977
Length	Make	Model Name	# of POB # Fatal # Injured # Skiers Being Towed
15'8"	Glastron		3 2 1 0

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 checked="" type="checkbox"/> Less than 10 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> None	<input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Government <input type="checkbox"/> Commercial	\$.00

Operator Info	Driver's License or Boater ID #	Status
<input type="checkbox"/> No Operator	TN DL 100274361	<input type="checkbox"/> Uninjured <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality
Last	First	MI
Wilkey	David	C
Age	DOB	
37	04 / 22 / 1973	
Street	City	State
10888 Ward Rd	Soddy Daisy	TN
ZIP	Cell Ph.	Home Ph.
37379	(423) 421-7817	(423) 421-7817

Operator Experience	Operator Education	BUI Info	BAC	Gender
<input type="checkbox"/> Under 10 hrs <input checked="" 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 checked="" type="checkbox"/> None	<input type="checkbox"/> Refused <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs	<input type="checkbox"/> Been drinking <input type="checkbox"/> No alcohol	<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> PFD used <input checked="" type="checkbox"/> Person can swim <input checked="" 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.

Wilkey David C 10888 Ward Rd Soddy Daisy TN 37379 (423)421-7817

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			
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"/>

Total Vessels Involved 2

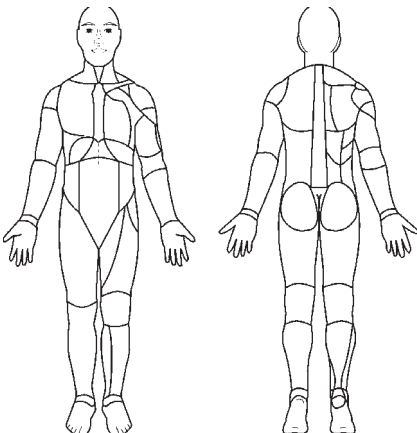
Total Injured 1

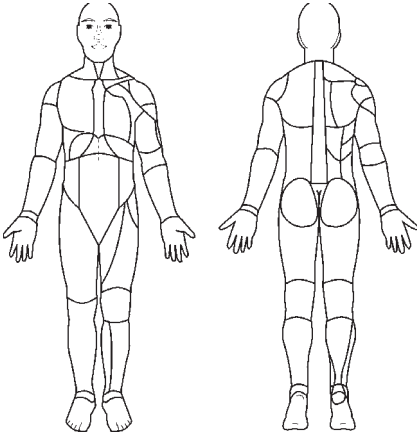
Total Fatalities 2

Tennessee Boating Accident Report

VESSEL	Reg. or Doc. # <input type="checkbox"/> Unknown at this time		HIN 975462		Documented Name MV Bearcat			Year Built 1991				
	Length 76'0"	Make	Model Name		# of POB 7	# Fatal 0	# 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 checked="" type="checkbox"/> Less than 10 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> None				Federal Definition of Vessel <input type="checkbox"/> Recreational <input type="checkbox"/> Government <input checked="" type="checkbox"/> Commercial		Est. Damage This Boat \$.00					
	Operator Info Driver's License or Boater ID # TN DL 071745601 <input type="checkbox"/> No Operator					Status <input checked="" type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality						
Last Luetke		First Warren		MI C	Age 38	DOB 02 /04 /1972		Fill out injury/fatal data sheet as required.				
Street 951 Osage Drive					Home Ph. (423) 240-1381							
City Soddy Daisy			State TN	ZIP 37379	Cell Ph. (423) 240-1381							
Operator Experience <input type="checkbox"/> Under 10 hrs <input checked="" type="checkbox"/> Over 100 hrs <input type="checkbox"/> 10-100 hrs		Operator Education <input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Other <input type="checkbox"/> Red Cross <input type="checkbox"/> State <input type="checkbox"/> None		BUI Info BAC <input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> No alcohol <input type="checkbox"/> Drugs		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 <input type="checkbox"/> or occupant. <input type="checkbox"/> If occupant, use occupant section.												
Serodino Inc		100 Hamm Rd.		Chattanooga		TN 37405		(423)266-1855				
NUMBER	Non-fatal or Uninjured Occupant Information: Attach injury/fatal data sheets for each injury or fatality.											
		Name		Phone		DOB	Gender M F	Person was ejected	PFD used	Person can swim		
	Oc1	Powell Michael	W	(423) 394-8514		11 /18 /1965	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Oc2	Shultz Larry	L	(423) 881-3793		06 /29 /1963	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Oc3	Shepherd Betty	L	(256) 996-5080		07 /27 /1939	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Oc4	Stevens William		(423) 298-4726		07 /30 /1978	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Type of Boat 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 <u>Commercial Tow</u>			# of Engines Vessel 1 1 Vessel 2 3 Total HP/CC Vessel 1 0070 Vessel 2 1500		Propulsion 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		Safety Equipment V-1 V-2 Vessel <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Required PFDs on board <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PFDs accessible <input checked="" type="checkbox"/> <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 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 _____			Fuel V-1 V-2 Vessel <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gasoline		Engine V-1 V-2 Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Inboard <input checked="" type="checkbox"/> Outboard <input type="checkbox"/> I/O		Vessel was: V-1 V-2 Vessel <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed (not in household)		
Operation at Time of Accident Enter up to 3 for each vessel.			Activity at Time of Accident Enter up to 3 for each vessel.									
V-1 V-2 Vessel <input type="checkbox"/> At anchor <input type="checkbox"/> Being towed <input type="checkbox"/> Towing a boat <input type="checkbox"/> Changing direction <input type="checkbox"/> Changing speed <input checked="" type="checkbox"/> Cruising <input type="checkbox"/> Docked (moored)		V-1 V-2 Vessel <input type="checkbox"/> Docking/Undocking <input checked="" 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"/> <input checked="" type="checkbox"/> Commercial purpose <input checked="" type="checkbox"/> <input 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 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 Spidle			First Timothy		MI C	Age 45	DOB 05 / 01 / 1965	
	Street 176 House of Prayer Rd						Home Ph. () ()		
City Elizabethton			State TN	ZIP 37643		Cell Ph. () ()			
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 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 type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ BAC _____				
					Synopsis <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury Mr. Spidle's body was recovered at the scene of the boating accident. He was transported to the Hamilton County Medical Examiner's Office.				

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 type="checkbox"/> Occupant <input type="checkbox"/> Skier <input type="checkbox"/> M <input type="checkbox"/> F								
	Last Wilkey			First Richard		MI R	Age 52	DOB 10 / 26 / 1957	
	Street 10888 Ward Rd						Home Ph. () ()		
City Soddy Daisy			State TN	ZIP 37379		Cell Ph. () ()			
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 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 type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ BAC _____				
					Synopsis <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury Mr. Wilkey's body was recovered on 6/22/2010 at approximately 08:00 and transported to the Hamilton County Medical Examiner's Office.				

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 or about 6/19/2010 I was on patrol on Chickamauga Lake when I was contacted by TWRA Area 33 Boating Officer Matt Majors regarding a boat accident on Chickamauga Lake in the Soddy Daisy Area. I responded where I found vessel #1 (1977 Glastron) floating vertically out of the water mostly submerged. According to witness statements the vessel was struck by vessel #2, a commercial tow boat (1991 Bearcat). The accident resulted in two fatalities who were aboard vessel #1.

Tennessee Boating Accident Report

Additional Witnesses					
Name	Address				Phone #
Cameron A. Muzak	P.O. Box 43	Honea Path	SC	29654	(864)395-3839
John T. McIlwain	2359 Wayne Rd.	Bon Aqua	TN	37025	(931)623-0947
Carolyn R. Rice	4528 Sherry Lane	Hixson	TN	37343	(423)875-4865
Andrew Thompson	121 Par Court NW	Cleveland	TN	37312	(423)596-9005

Notes
 Muzak and McIlwain were on board the Bearcat.

Officer Completing Report					Case file? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Officer's Signature	Date	Supervisor's Signature	Date	Boating Division Use Only	
	06/25/2010				
Print Officer's Name and ID#		Print Supervisor's Name and ID#			
Philip Earhart	391				
Investigative Time: Include total hours for response, search and rescue, and investigation.					
Officer's Hours	Supervisor's Hours	Investigator's Hours	Administrative Hours	Total Hours	
54					

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

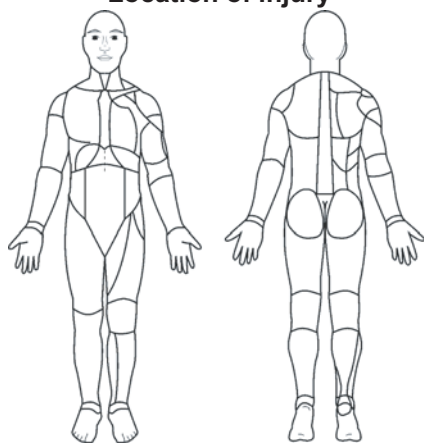
Federal Accident Classification: For statistical use.

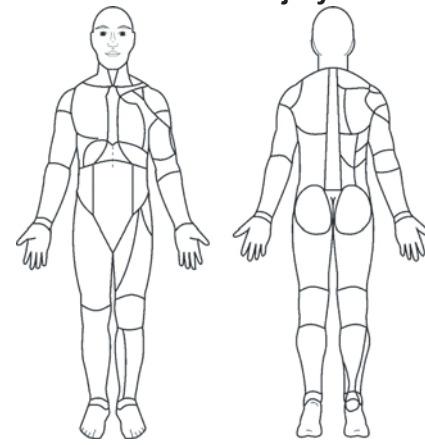
Recreational
 Commercial
 Government
 Non-reportable

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

Tennessee Boating Injury/Fatal Data Supplement

Agency Case # 103088

VESSEL	Type <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located)						Treatment <input checked="" type="checkbox"/> Treated and released <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment	
	Victim Information <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input type="checkbox"/> Occupant <input type="checkbox"/> Skier <input checked="" type="checkbox"/> M <input type="checkbox"/> F							
	Last Wilkey			First David		MI C	Age 37	DOB 04 / 22 / 1973
	Street 10888 Ward Rd						Home Ph. (423) 421-7817	
City Soddy Daisy				State TN	ZIP 37379	Cell Ph. (423) 421-7817		
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 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 type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input 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 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 type="checkbox"/> Occupant <input type="checkbox"/> Skier <input type="checkbox"/> M <input type="checkbox"/> F							
	Last _____			First _____		MI _____	Age _____	DOB ____ / ____ / ____
	Street _____						Home Ph. (____) _____	
City _____				State _____	ZIP _____	Cell Ph. (____) _____		
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 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 type="checkbox"/> Normal <input type="checkbox"/> Under inf. alcohol/drugs <input type="checkbox"/> Other _____		Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ Alcohol involved BAC _____			