



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 # 094187

Estimated total damage \$ 500 .00

General and Geographic Information

Date of Accident	06 / 26 / 2009	Day of Week	Friday	Time of Accident (mil)	02:00	Date/Time Officer Arrived (mil)	06 / 26 / 2009	03:13
Nearest City	LOUDON			Body of Water	WATTS BAR LAKE			
Exact Location	Downstream of HWY 11 bridge and associated rail bridge on Tennessee River/Watts Bar Res.					Nearest River Mile or Point Marker	<input checked="" type="checkbox"/> 591	
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 checked="" type="checkbox"/> None	N A D 83	Latitude	35 . 74973
<input type="checkbox"/> Swimming Area	<input type="checkbox"/> PFD Wear Required	<input type="checkbox"/> Other			Longitude	084 . 33340

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 checked="" 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 (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 75 deg F. Water 80 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
NC-3144 DN	ACBW0063J900		2000
Length	Make	Model Name	# of POB
20'	Alumacraft		3
			# Fatal
			1
			# Injured
			0
			# Skiers Being Towed
			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 type="checkbox"/> Less than 10 mph <input type="checkbox"/> 21-40 mph <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Government <input type="checkbox"/> Commercial	\$ 500 .00

Operator Info	Driver's License or Boater ID #	Status
<input checked="" type="checkbox"/> No Operator		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality
Last	First	MI
		Age
		DOB / /
Street	Home Ph. ()	
City	State	ZIP
		Cell Ph. ()

Operator Experience	Operator Education	BUI Info	BAC	Gender
<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"/> Drugs	<input type="checkbox"/> Been drinking <input type="checkbox"/> No alcohol	<input type="checkbox"/> M <input type="checkbox"/> F <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 or occupant. If occupant, use occupant section.

Bare William P 6680 Glade Valley Road Ennice NC 28623-9142 (336)657-3909

Non-fatal or Uninjured Occupant Information: Attach injury/fatal data sheets for each injury or fatality.						
	Name	Phone	DOB	Gender	Person was ejected	Person can swim
				M F		
Oc1	Bare Joshua	(336) 957-3282	07 /02 / 1996	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oc2	Bare William P	(336) 657-3909	06 /13 / 1959	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oc3		()	/ /	<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"/>

Total Vessels Involved 2

Total Injured 0

Total Fatalities 1

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VESSEL NUMBER	Reg. or Doc. # <input type="checkbox"/> Unknown at this time		HIN 59		Documented Name Bearcat			Year Built 1991
	Doc. # 975462							
	Length 76'	Make Serodino Inc.	Model Name		# of POB 8	# Fatal 0	# Injured 0	# Skiers Being Towed 0
	Estimated Speed				Federal Definition of Vessel		Est. Damage This Boat	
	<input type="checkbox"/> Unknown		<input type="checkbox"/> 10-20 mph		<input type="checkbox"/> Recreational		<input type="checkbox"/> Government	
	<input checked="" type="checkbox"/> Less than 10 mph		<input type="checkbox"/> 21-40 mph		<input checked="" type="checkbox"/> Commercial		\$.00	
	<input type="checkbox"/> Over 40 mph		<input type="checkbox"/> None					
	<input type="checkbox"/> No Operator		Driver's License or Boater ID # USCG License # 1160010 USCG TN DL# 103329361				Status	
	Last Stevens		First William		MI	Age 30	DOB 07 /30 /1978	
	Street 340 Condra Street				Home Ph. ()		Fill out injury/fatal data sheet as required.	
City Whitwell		State TN	ZIP 37397	Cell Ph. ()				
Operator Experience		Operator Education		BUI Info		BAC		
<input type="checkbox"/> Under 10 hrs		<input checked="" type="checkbox"/> Over 100 hrs		<input type="checkbox"/> USCG Aux.		<input type="checkbox"/> USPS		
<input type="checkbox"/> 10-100 hrs		<input type="checkbox"/> Red Cross		<input type="checkbox"/> State		<input type="checkbox"/> None		
				<input type="checkbox"/> Refused		<input type="checkbox"/> Been drinking		
				<input type="checkbox"/> BUI arrest		<input checked="" type="checkbox"/> No alcohol		
				<input type="checkbox"/> Drugs		<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.								
Serodino Inc. 100 Hamm Rd. PO Box 4539 Chattanooga TN 37405-0539								
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	Shepherd Betty L	(256)996-5080	07 /27 /1939	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc2	Shultz Larry	()881-3793	06 /29 /1963	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc3	Cameron Mezun	()	09 /19 /1985	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oc4	Powell Michael W	(423)320-6791	11 /18 /1965	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Boat				# of Engines		Propulsion		
V-1 V-2 Vessel		V-1 V-2 Vessel		Vessel 1 1		V-1 V-2 Vessel		
<input type="checkbox"/> Airboat		<input type="checkbox"/> Pontoon Boat		Vessel 2 3		<input type="checkbox"/> Air Thrust		
<input type="checkbox"/> Cabin Motorboat		<input type="checkbox"/> Raft		Total HP/CC		<input type="checkbox"/> Manual		
<input type="checkbox"/> Canoe		<input type="checkbox"/> Rowboat (Jon)		Vessel 1 0040		<input checked="" type="checkbox"/> Propeller		
<input type="checkbox"/> Houseboat		<input type="checkbox"/> Sail (aux. power)		Vessel 2		<input type="checkbox"/> Sail		
<input type="checkbox"/> Kayak		<input type="checkbox"/> Sail (only)				<input type="checkbox"/> Water Jet		
<input checked="" type="checkbox"/> Open Motorboat		<input checked="" type="checkbox"/> Other Tug and barge		Fuel		Engine		
<input type="checkbox"/> Personal Watercraft				V-1 V-2 Vessel		V-1 V-2 Vessel		
				<input type="checkbox"/> Diesel		<input type="checkbox"/> Airboat		
				<input type="checkbox"/> Electric		<input checked="" type="checkbox"/> Inboard		
				<input checked="" type="checkbox"/> Gasoline		<input checked="" type="checkbox"/> Outboard		
						<input type="checkbox"/> I/O		
Hull Material						Safety Equipment		
V-1 V-2 Vessel		V-1 V-2 Vessel		V-1 V-2 Vessel		V-1 V-2 Vessel		
<input checked="" type="checkbox"/> Aluminum		<input type="checkbox"/> Rigid Hull Inflatable		<input type="checkbox"/> Required PFDs on board		<input checked="" type="checkbox"/> Required PFDs on board		
<input type="checkbox"/> Fiberglass		<input checked="" type="checkbox"/> Steel		<input checked="" type="checkbox"/> PFDs accessible		<input checked="" type="checkbox"/> PFDs accessible		
<input type="checkbox"/> Wood		<input type="checkbox"/> Plastic/Vinyl		<input checked="" type="checkbox"/> Fire extinguisher on board		<input type="checkbox"/> Fire extinguisher on board		
<input type="checkbox"/> Rubber		<input type="checkbox"/> Other		<input type="checkbox"/> Fire extinguisher used		<input checked="" type="checkbox"/> Fire extinguisher used		
				<input checked="" type="checkbox"/> Navigation lights operational		<input checked="" type="checkbox"/> Navigation lights operational		
				<input checked="" type="checkbox"/> Navigation lights turned on		<input type="checkbox"/> Navigation lights turned on		
				<input type="checkbox"/> Current safety exam		<input type="checkbox"/> Current safety exam		
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		V-1 V-2 Vessel		V-1 V-2 Vessel/Injured		V-1 V-2 Vessel/Injured		
<input checked="" type="checkbox"/> At anchor		<input type="checkbox"/> Docking/Undocking		<input type="checkbox"/> Commercial purpose		<input type="checkbox"/> Scuba diving		
<input type="checkbox"/> Being towed		<input type="checkbox"/> Drifting		<input checked="" type="checkbox"/> Fishing (recreational)		<input type="checkbox"/> Skiing (skurfing, etc.)		
<input type="checkbox"/> Towing a boat		<input type="checkbox"/> Launching/Loading		<input type="checkbox"/> Fueling		<input type="checkbox"/> Starting engine		
<input type="checkbox"/> Changing direction		<input type="checkbox"/> Rowing/Paddling		<input type="checkbox"/> Hunting		<input type="checkbox"/> Swimming/Snorkling		
<input type="checkbox"/> Changing speed		<input type="checkbox"/> Sailing		<input type="checkbox"/> Making repairs		<input type="checkbox"/> Tournament fishing		
<input type="checkbox"/> Cruising		<input type="checkbox"/> Wake/Surf jumping		<input type="checkbox"/> Racing		<input type="checkbox"/> Boat pulling tube		
<input type="checkbox"/> Docked (moored)		<input checked="" type="checkbox"/> Other Pushing Barge		<input type="checkbox"/> Racing (unpermitted)		<input type="checkbox"/> Other		
				<input type="checkbox"/> Recreational cruising				

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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 type="checkbox"/> <input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> <input type="checkbox"/> Vessel wake damage
<input checked="" type="checkbox"/> <input checked="" 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 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 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> Violation of navigation rule
<input type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> Machinery failure (below)	<input type="checkbox"/> <input checked="" type="checkbox"/> Vision obstructed
<input type="checkbox"/> <input type="checkbox"/> Equipment failure (below)	<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Other <u>Anchored in Nav Channel</u>
<input type="checkbox"/> <input type="checkbox"/> Hazardous waters	<input 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

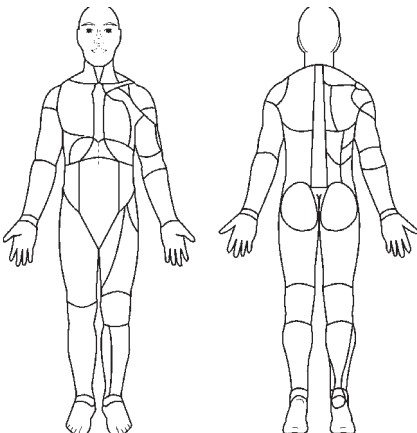
Property owner information	Last	First	MI	Home Ph. () ()
	Street			Cell Ph. () ()
	City			State ZIP

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 type="checkbox"/> Bare, William	69-9-216a	Interfering With Safe Operation	Citation <input checked="" type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator 1	<input type="checkbox"/> Bare, William	69-9-209	Anchoring in a Narrow Channel	Citation <input checked="" type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator 2	<input checked="" type="checkbox"/> Stevens, William	69-9-209	Failure to Keep a Proper Lookout	Citation <input checked="" type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator 2	<input checked="" type="checkbox"/> Stevens, William	69-9-209	Failure to Use Available Means	Citation <input checked="" type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator	<input type="checkbox"/>			Citation <input type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator	<input type="checkbox"/>			Citation <input type="checkbox"/> No action Warning <input type="checkbox"/> Pending	
Operator	<input type="checkbox"/>			Citation <input type="checkbox"/> No action Warning <input type="checkbox"/> 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 type="checkbox"/> M <input type="checkbox"/> F								
	Last Bare			First Jones		MI B	Age 53	DOB 08 / 01 / 1955	
	Street 7113 Trap Hill Rd						Home Ph. (336) 957-3282		
City Trap Hill				State NC	ZIP 28685		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 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 checked="" 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 checked="" type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ Alcohol involved BAC _____				

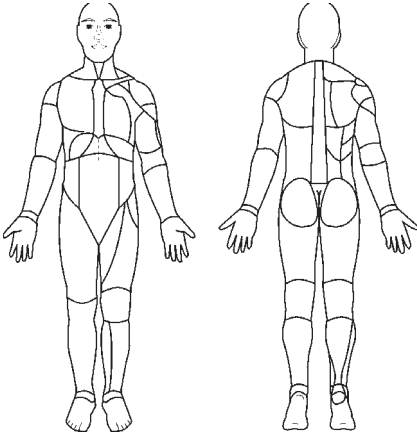
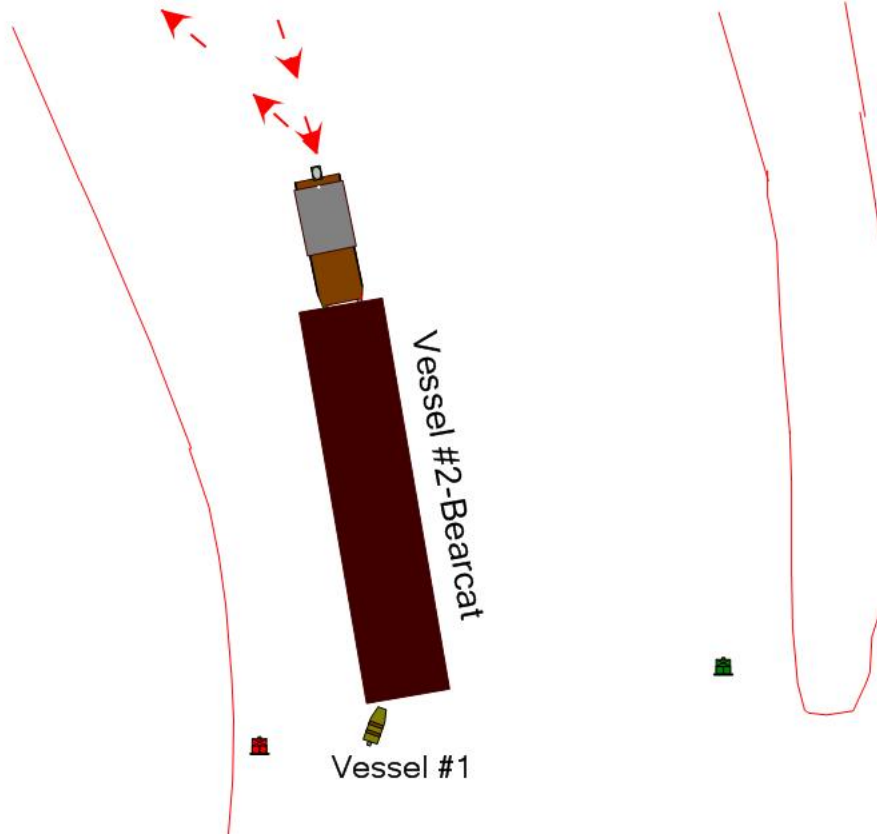
VESSEL	Type <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located)						Treatment <input type="checkbox"/> Treated and released <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment		
	Victim Information <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 _____				

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 the early morning of 06/26/2009, Vessel #1 was at anchor on the Tennessee River/Watts Bar Reservoir. The occupants of the vessel were in town from North Carolina on a fishing trip. Vessel #2 was motoring upstream pushing one 200' empty barge. Vessel #2 impacted Vessel #1 at or about the 591.1 Tennessee River Daymarker. The pilot of Vessel #2 stated that he felt the impact and put his vessel into reverse. That was when a capsized vessel with two individuals climbing on was spotted drifting down the starboard side of the barge. The two individuals were recovered and the capsized boat was tied to the side of the barge. The crew aboard Vessel #2 were made aware of a third occupant still being in the water and the barge was then tied to western shore to attempt a recovery. At some time during the incident, the Coast Guard was notified and emergency personnel were dispatched. This happened in Loudon County, Tennessee at or about 02:00.

The body of the missing party was discovered by emergency divers at or about 14:45.

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Additional Witnesses						
Name		Address			Phone #	
Warren C. Luetke	2-4-1972	951 Osage Drive	Soddy Daisy	TN	37379	(423)240-1381
Robert Mickey Green	7-11-1989	169 Water Lane	Charleston	TN	37310	
John McIlwain	7-24-1989					

Notes
 Above names are occupants of Vessel # 2.

On Dec. 14, 2009 a presentation was made to the Loudon County Grand Jury. A unanimous decision was made by the Grand Jury to not pursue criminal charges on William Bare or William Stevens.

All charges under T.C.A. 69-9-209 uses Rules and Regulation #1660-2-2-.07. This refers to USCG Nav Rules. William Bare violated USCG Nav. Rule 9g.

William Stevens violated USCG Nav. Rules 5 and 7.

Officer Completing Report					Case file? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Officer's Signature <i>Anthony Chitwood</i>	Date 03/27/2009	Supervisor's Signature	Date	Boating Division Use Only	
Print Officer's Name and ID# Anthony Chitwood 364		Print Supervisor's Name and ID#			
Investigative Time: Include total hours for response, search and rescue, and investigation.					
Officer's Hours 120	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#
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