

# BOAT ACCIDENT INVESTIGATION REPORT

## CHICAGO POLICE DEPARTMENT

REPORT NUMBER

ACCIDENT DATE	DAY OF WEEK	TIME OF ACCIDENT	BOAT NO.	LOCATION					
<b>OPERATOR 1</b>	LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.		
	ADDRESS				CITY	STATE	ZIP CODE		
	HOME TELEPHONE NO.			OPERATOR STATUS <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD		ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO		D.U.I. ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	B. A. C. LEVEL
<b>BOAT 1 INFORMATION</b>	BOAT MANUFACTURER	BOAT MODEL	LENGTH	YEAR	HULL COLOR	HULL MATERIAL			
	CIRCLE ALL DAMAGED AREAS 1		REGISTRATION NO.			HORSEPOWER			
			TYPE OF BOAT						
	OWNER OF BOAT 1	LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.	
ADDRESS				CITY	STATE	ZIP CODE			
<b>OPERATOR 2</b>	LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.		
	ADDRESS				CITY	STATE	ZIP CODE		
	HOME TELEPHONE NO.			OPERATOR STATUS <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD		ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO		D.U.I. ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	B. A. C. LEVEL
<b>BOAT 2 INFORMATION</b>	BOAT MANUFACTURER	BOAT MODEL	LENGTH	YEAR	HULL COLOR	HULL MATERIAL			
	CIRCLE ALL DAMAGED AREAS 1		REGISTRATION NO.			HORSEPOWER			
			TYPE OF BOAT						
	OWNER OF BOAT 1	LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.	
ADDRESS				CITY	STATE	ZIP CODE			
<b>ENVIRONMENTAL CONDITIONS</b>	WEATHER	WATER CONDITIONS		WIND CONDITIONS		WATER TEMPERATURE		VISIBILITY	
	<input type="checkbox"/> CLEAR	<input type="checkbox"/> CALM (WAVES LESS THAN 6")		<input type="checkbox"/> NONE				DAY NIGHT	
	<input type="checkbox"/> CLOUDY	<input type="checkbox"/> CHOPPY (WAVES 6" TO 2')		<input type="checkbox"/> LIGHT (0-6 MPH)		AIR TEMPERATURE		<input type="checkbox"/> GOOD <input type="checkbox"/>	
	<input type="checkbox"/> FOG	<input type="checkbox"/> ROUGH (WAVES 2' TO 6')		<input type="checkbox"/> MODERATE (7-14 MPH)				<input type="checkbox"/> FAIR <input type="checkbox"/>	
	<input type="checkbox"/> RAIN	<input type="checkbox"/> VERY ROUGH (WAVES GREATER THAN 6')		<input type="checkbox"/> STRONG (15 - 22 MPH)		WATER DEPTH		<input type="checkbox"/> POOR <input type="checkbox"/>	
	<input type="checkbox"/> SNOW	STRONG CURRENT		<input type="checkbox"/> STORMY (MORE THAN 25 MPH)				NARRATIVE COMPLETED ON REVERSE SIDE OF THIS FORM?	
<input type="checkbox"/> HAZY	<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>CITATIONS</b>	VIOLATION		CITATION NO.		VIOLATION		CITATION NO.		
	VIOLATION		CITATION NO.		VIOLATION		CITATION NO.		
	TOTAL ISSUED	PROPERTY INVENTORY NO(S).			ISSUING OFFICER'S SIGNATURE			STAR NO.	
REPORTING OFFICER'S SIGNATURE		STAR NO.	DATE	REVIEWING SUPERVISOR'S SIGNATURE		STAR NO.	DATE		

