

## APPENDIX L FAU BOATING INCIDENT/ACCIDENT REPORT

Directions: All boating related incidents/accidents *whether or not an injury is involved*, must be reported as soon as possible after the event. Completed boating incident/accident report forms must be filed with the FAU Diving and Boating Safety Officer.

Y / N Was anyone injured requiring treatment beyond simple first-aid?

Y / N Is anyone deceased, or missing or unaccounted for in a manner which may indicate death?

Y / N Is there any major boat or personal property damage exceeding \$2000?

If yes to any of the above, the Florida FWC, the sheriff of the county in which the accident occurred, or the police chief of the municipality in which the accident occurred must be notified by the quickest means possible. In addition, the U.S. Coast Guard must be notified in writing within 48 hours [http://www.uscgboating.org/safety/accident\\_reporting.aspx](http://www.uscgboating.org/safety/accident_reporting.aspx) .

Y / N Has there been a discharge or spill of any oil or hazardous materials?

If yes, report oil or hazardous substances spilled into the water immediately by calling the U.S. Coast Guard at 1-800-424-8802.

Y / N Has any damage to coral reefs occurred?

If yes, report vessel grounding or other coral reef injury in southeast Florida by calling FDEP at 1-786-385-3054.

Date of Incident/Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ : \_\_\_\_\_ am / pm

Name of Person Filing Report \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Location of Accident \_\_\_\_\_

Name or Description of Boat \_\_\_\_\_

Point of Departure \_\_\_\_\_

Vessel Operator \_\_\_\_\_ Department \_\_\_\_\_

Name(s) of Crew 1) \_\_\_\_\_ Phone# \_\_\_\_\_

2) \_\_\_\_\_ Phone# \_\_\_\_\_

Name(s) of Witnesses 1) \_\_\_\_\_ Phone# \_\_\_\_\_

2) \_\_\_\_\_ Phone# \_\_\_\_\_

Non-FAU personnel 1) \_\_\_\_\_ Phone# \_\_\_\_\_

Involved? N/A 2) \_\_\_\_\_ Phone# \_\_\_\_\_

Briefly describe the incident/accident:

Signature of Person Filing Report \_\_\_\_\_ Date \_\_\_\_\_

**Please use the back of this form to provide any additional information.**

Return this form when completed to FAU Environmental Health and Safety

email [ehs@fau.edu](mailto:ehs@fau.edu)