

STATE OF COLORADO

RIVER OUTFITTER BOAT ACCIDENT REPORT

RIVER GUIDE



A River Outfitter is required by law to file a completed report whenever a boating accident results in loss of life, a disappearance from a vessel or an injury which requires a physicians's attention. Reports of death, disappearance, or injury indicating the possibility of death, must be submitted within 5 days — all others must be reported within 10 days. Reports for accidents on all rivers except the Arkansas must be submitted to Colorado State Parks, 13787 S. Highway 85, Littleton, CO 80125. Reports for accidents occurring on the Arkansas River must be submitted to the AHRA, 307 W. Sackett, Salida, CO 81201.

**Complete all blocks (indicate those not applicable by "NA")
(indicate unknown information by "Unk")**

Use full legal names (last name, first name, middle initial)

RIVER OUTFITTER _____
(Company Name, no DBAs)

LICENSE NUMBER _____

0 OPERATOR / GUIDE INFORMATION		
OPERATOR (guide) NAME _____		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____	DATE OF BIRTH _____
ADDRESS _____		
PHONE (work and home) _____		
EXPIRATION DATES First Aid _____ CPR _____		
EXPERIENCE AS A GUIDE <input type="checkbox"/> < 200 Miles <input type="checkbox"/> 500-1000 Miles <input type="checkbox"/> >1500 Miles <input type="checkbox"/> 200-500 Miles <input type="checkbox"/> 1000-1500 Miles		

V1 VICTIM INFORMATION		
NAME _____		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____	DATE OF BIRTH _____
ADDRESS _____		
PHONE (work and home) _____		
NATURE OF INJURY _____		
MEDICAL TREATMENT _____		

TL TRIP LEADER		
TRIP LEADER NAME _____		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____	DATE OF BIRTH _____
ADDRESS _____		
PHONE (WORK AND HOME) _____		
EXPIRATION DATES First Aid _____ CPR _____		
EXPERIENCE AS A TRIP LEADER <input type="checkbox"/> < 200 Miles <input type="checkbox"/> 500-1000 Miles <input type="checkbox"/> >1500 Miles <input type="checkbox"/> 200-500 Miles <input type="checkbox"/> 1000-1500 Miles		

V2 VICTIM INFORMATION		
NAME _____		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____	DATE OF BIRTH _____
ADDRESS _____		
PHONE (work and home) _____		
NATURE OF INJURY _____		
MEDICAL TREATMENT _____		

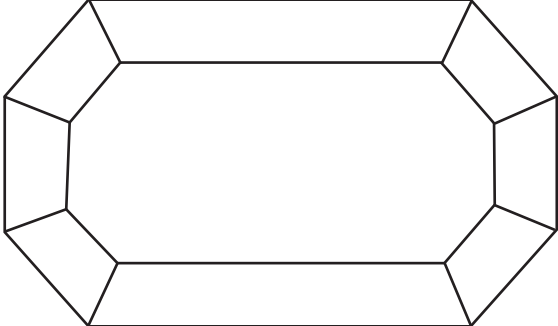
**If this accident resulted in a death or disappearance,
what law enforcement agency did you immediately notify?**

**If there are more than two victims,
list the others on the Additional Witness page.**

Accident Data	DATE OF ACCIDENT _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER _____		
	NEAREST CITY OR TOWN _____ COUNTY _____	EXACT LOCATION OF ACCIDENT _____		
	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Snow	CLASS OF WATER <input type="checkbox"/> I One <input type="checkbox"/> IV Four <input type="checkbox"/> II Two <input type="checkbox"/> V Five <input type="checkbox"/> III Three <input type="checkbox"/> VI Six	CONDITIONS Air Temp. _____ Water Temp. _____ Water flow _____ (CFS) (Cubic feet per second)	WIND <input type="checkbox"/> None <input 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)
BOAT MAKE _____	BOAT MODEL _____ LENGTH _____			
HULL IDENTIFICATION NUMBER _____	YEAR _____	NUMBER OF PEOPLE ON BOARD _____		
TYPE OF BOAT <input type="checkbox"/> Inflatable raft <input type="checkbox"/> Kayak (hard shell) <input type="checkbox"/> Dory <input type="checkbox"/> Conventional <input type="checkbox"/> Canoe <input type="checkbox"/> Self-bailer <input type="checkbox"/> Other _____	PROPULSION <input type="checkbox"/> Paddles <input type="checkbox"/> Paddle Assist <input type="checkbox"/> Oars <input type="checkbox"/> Motor	HULL MATERIAL <input type="checkbox"/> Rubber (PVC, Hypelon, Neoprene) <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____ <input type="checkbox"/> Hard Plastic		
Was boat adequately equipped with PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly fastened? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TYPE OF DEVICES WORN <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> None	TYPE OF SPARE ON TRIP <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> None			

W1 OTHER PASSENGER OR WITNESS		W2 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W3 OTHER PASSENGER OR WITNESS		W4 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

IF THERE WERE MORE THAN FOUR PASSENGERS OR WITNESSES, CONTINUE ON THE FOLLOWING PAGE (ADDITIONAL WITNESSES PAGE) OR ON THE OPTIONAL ADDITIONAL INFORMATION SHEET.



**F
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T**

Please identify the witness/passenger locations as they were seated at time of accident. Write O, W1, W2, W3, etc. on the diagram as their seating positions relates to their personal information.

Please identify witnesses who were not on the accident boat, on the **Additional Witnesses Page** and indicate their location at the time of the accident.

ACCIDENT DESCRIPTION (sequence of events, rescue procedures, first aid rendered, etc.) Attach diagram or additional sheets if necessary

W5	OTHER PASSENGER OR WITNESS	W6	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W7	OTHER PASSENGER OR WITNESS	W8	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W9	OTHER PASSENGER OR WITNESS	W10	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W11	OTHER PASSENGER OR WITNESS	W12	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W13	OTHER PASSENGER OR WITNESS	W14	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W15	OTHER PASSENGER OR WITNESS	W16	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

ADDITIONAL NARRATIVE/DIAGRAM

PERSON COMPLETING REPORT

NAME		DATE OF BIRTH
ADDRESS		
PHONE (work and home)		
<input type="checkbox"/> Vessel Owner <input type="checkbox"/> Operator (guide) <input type="checkbox"/> Other Trip Leader <input type="checkbox"/> Outfitter	<input type="checkbox"/> I AFFIRM THIS INFORMATION IS TRUE AND CORRECT	
	SIGNATURE	DATE

FOR REVIEWING AUTHORITY ONLY

PRIMARY CAUSE	SECONDARY CAUSE
TYPE OF ACCIDENT	CAUSES BASED ON <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> REPORT AND INVESTIGATION <input type="checkbox"/> COULDN'T BE DETERMINED
RECEIVED BY	DATE RECEIVED



Complete all blocks (indicate those not applicable by "NA")

Use full legal names, last name, first name, middle

RIVER OUTFITTER _____
(Company Name, no DBAs)

LICENSE NUMBER _____
DATE OF ACCIDENT _____

V3 VICTIM INFORMATION			V4 VICTIM INFORMATION		
NAME			NAME		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	DATE OF BIRTH
ADDRESS			ADDRESS		
PHONE (work and home)			PHONE (work and home)		
NATURE OF INJURY			NATURE OF INJURY		
MEDICAL TREATMENT			MEDICAL TREATMENT		
V5 VICTIM INFORMATION			V6 VICTIM INFORMATION		
NAME			NAME		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	DATE OF BIRTH
ADDRESS			ADDRESS		
PHONE (work and home)			PHONE (work and home)		
NATURE OF INJURY			NATURE OF INJURY		
MEDICAL TREATMENT			MEDICAL TREATMENT		

W17 OTHER PASSENGER OR WITNESS		W18 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W19 OTHER PASSENGER OR WITNESS		W20 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

COMPLETE AS MANY OF THESE SHEETS AS NEEDED FOR ADDITIONAL VICTIMS AND PASSENGER/WITNESSES.
ATTACH TO BOATING ACCIDENT REPORT FORM.