

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

| V1 VICTIM INFORMATION  |                               |
|--|-------------------------------|
| NAME _____   |                               |
| SEX<br><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<br><input type="checkbox"/> M <input type="checkbox"/> F  | AGE _____ DATE OF BIRTH _____ |
| ADDRESS _____   |                               |
| PHONE (WORK AND HOME) _____   |                               |
| EXPIRATION DATES<br>First Aid _____ CPR _____   |                               |
| EXPERIENCE AS A TRIP LEADER<br><input type="checkbox"/> < 200 Miles <input type="checkbox"/> 500-1000 Miles <input type="checkbox"/> >1500 Miles<br><input type="checkbox"/> 200-500 Miles <input type="checkbox"/> 1000-1500 Miles |                               |

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

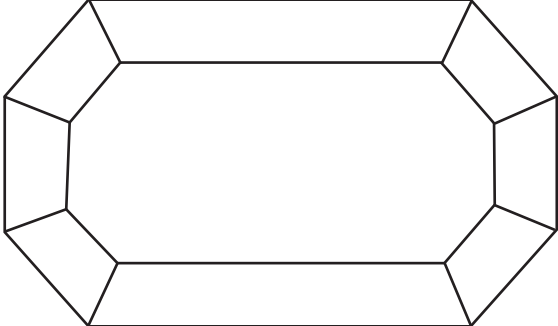
**If this accident resulted in a death or disappearance,  
what law enforcement agency did you immediately notify?**

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

|                      |  |   |   |
|----------------------|--|---|---|
| <b>Accident Data</b> | 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 _____  |   |
|                      | <b>WEATHER</b><br><input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow   | <b>CLASS OF WATER</b><br><input type="checkbox"/> I One <input type="checkbox"/> II Two <input type="checkbox"/> III Three <input type="checkbox"/> IV Four <input type="checkbox"/> V Five <input type="checkbox"/> VI Six | <b>CONDITIONS</b><br>Air Temp. _____<br>Water Temp. _____<br>Water flow _____ (CFS)<br>(Cubic feet per second)  |
| <b>Vessel Data</b>   | BOAT MAKE _____  | BOAT MODEL _____ LENGTH _____   |   |
|                      | HULL IDENTIFICATION NUMBER _____   | YEAR _____  | NUMBER OF PEOPLE ON BOARD _____   |
|                      | <b>TYPE OF BOAT</b><br><input type="checkbox"/> Inflatable raft <input type="checkbox"/> Dory <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak (hard shell) <input type="checkbox"/> Conventional <input type="checkbox"/> Self-bailer <input type="checkbox"/> Other _____ | <b>PROPULSION</b><br><input type="checkbox"/> Paddles <input type="checkbox"/> Oars <input type="checkbox"/> Paddle Assist <input type="checkbox"/> Motor   | <b>HULL MATERIAL</b><br><input type="checkbox"/> Rubber (PVC, Hypelon, Neoprene) <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____ <input type="checkbox"/> Hard Plastic |
| <b>PFDS</b>          | 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<br><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<br><input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> None                           |   |

| <b>W1 OTHER PASSENGER OR WITNESS</b> |               | <b>W2 OTHER PASSENGER OR WITNESS</b> |               |
|--------------------------------------|---------------|--------------------------------------|---------------|
| NAME                                 | DATE OF BIRTH | NAME                                 | DATE OF BIRTH |
| ADDRESS                              |               | ADDRESS                              |               |
| PHONE (work and home)                |               | PHONE (work and home)                |               |
| LOCATION                             |               | LOCATION                             |               |
| <b>W3 OTHER PASSENGER OR WITNESS</b> |               | <b>W4 OTHER PASSENGER OR WITNESS</b> |               |
| 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  
R  
O  
N  
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

|                       |                                   |                       |                                   |
|-----------------------|-----------------------------------|-----------------------|-----------------------------------|
| <b>W5</b>             | <b>OTHER PASSENGER OR WITNESS</b> | <b>W6</b>             | <b>OTHER PASSENGER OR WITNESS</b> |
| NAME                  | DATE OF BIRTH                     | NAME                  | DATE OF BIRTH                     |
| ADDRESS               |                                   | ADDRESS               |                                   |
| PHONE (work and home) |                                   | PHONE (work and home) |                                   |
| LOCATION              |                                   | LOCATION              |                                   |
| <b>W7</b>             | <b>OTHER PASSENGER OR WITNESS</b> | <b>W8</b>             | <b>OTHER PASSENGER OR WITNESS</b> |
| NAME                  | DATE OF BIRTH                     | NAME                  | DATE OF BIRTH                     |
| ADDRESS               |                                   | ADDRESS               |                                   |
| PHONE (work and home) |                                   | PHONE (work and home) |                                   |
| LOCATION              |                                   | LOCATION              |                                   |
| <b>W9</b>             | <b>OTHER PASSENGER OR WITNESS</b> | <b>W10</b>            | <b>OTHER PASSENGER OR WITNESS</b> |
| NAME                  | DATE OF BIRTH                     | NAME                  | DATE OF BIRTH                     |
| ADDRESS               |                                   | ADDRESS               |                                   |
| PHONE (work and home) |                                   | PHONE (work and home) |                                   |
| LOCATION              |                                   | LOCATION              |                                   |
| <b>W11</b>            | <b>OTHER PASSENGER OR WITNESS</b> | <b>W12</b>            | <b>OTHER PASSENGER OR WITNESS</b> |
| NAME                  | DATE OF BIRTH                     | NAME                  | DATE OF BIRTH                     |
| ADDRESS               |                                   | ADDRESS               |                                   |
| PHONE (work and home) |                                   | PHONE (work and home) |                                   |
| LOCATION              |                                   | LOCATION              |                                   |
| <b>W13</b>            | <b>OTHER PASSENGER OR WITNESS</b> | <b>W14</b>            | <b>OTHER PASSENGER OR WITNESS</b> |
| NAME                  | DATE OF BIRTH                     | NAME                  | DATE OF BIRTH                     |
| ADDRESS               |                                   | ADDRESS               |                                   |
| PHONE (work and home) |                                   | PHONE (work and home) |                                   |
| LOCATION              |                                   | LOCATION              |                                   |
| <b>W15</b>            | <b>OTHER PASSENGER OR WITNESS</b> | <b>W16</b>            | <b>OTHER PASSENGER OR WITNESS</b> |
| 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<br><input type="checkbox"/> Operator (guide)<br><input type="checkbox"/> Other Trip Leader<br><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 \_\_\_\_\_

| <b>V3 VICTIM INFORMATION</b>                                 |     |               | <b>V4 VICTIM INFORMATION</b>                                 |     |               |
|--|-----|---------------|--|-----|---------------|
| NAME   |     |               | NAME   |     |               |
| SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | AGE | DATE OF BIRTH | SEX<br><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  |     |               |
| <b>V5 VICTIM INFORMATION</b>                                 |     |               | <b>V6 VICTIM INFORMATION</b>                                 |     |               |
| NAME   |     |               | NAME   |     |               |
| SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | AGE | DATE OF BIRTH | SEX<br><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  |     |               |

| <b>W17 OTHER PASSENGER OR WITNESS</b> |               | <b>W18 OTHER PASSENGER OR WITNESS</b> |               |
|---------------------------------------|---------------|---------------------------------------|---------------|
| NAME                                  | DATE OF BIRTH | NAME                                  | DATE OF BIRTH |
| ADDRESS                               |               | ADDRESS                               |               |
| PHONE (work and home)                 |               | PHONE (work and home)                 |               |
| LOCATION                              |               | LOCATION                              |               |
| <b>W19 OTHER PASSENGER OR WITNESS</b> |               | <b>W20 OTHER PASSENGER OR WITNESS</b> |               |
| 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.