

PLEASE USE THE INFORMATION CODES BELOW TO COMPLETE THE CENTER SECTION OF PAGE 1 ON THE REPORTING FORM.

IN THE NARRATIVE SECTION ON PAGE 2, INDICATE THE ALCOHOL (ALC) CODE IF APPLICABLE.

### Information Codes

SEX	(EDU) EDUCATION	(EXP) EXPERIENCE	(PFD) FLOTATION DEVICE	(LNY) SAFETY LANYARD	(INJ) Injury caused by	(MED 1)
M male	1 other	1 under 10 hrs.	1 worn type I	1 lanyard used	1 impact with boat	Yes or No
F female	2 none	2 10 to 100 hrs.	2 worn type II	2 lanyard not used	2 impact with water	required medical attention
	3 informal	3 100 to 500 hrs.	3 worn type III	0 none	3 impact with fixed object	beyond first aid
	4 state course	4 more than 500 hrs.	4 worn type V		4 impact with floating object	
	5 USCG auxiliary	0 unknown	5 worn inflatable		5 struck by propeller	
	6 American RedCross		6 type IV (throwable) used		6 struck by propulsion system	(MED2)
	7 US Power Squadron		7 not worn but used		7 exposure to elements	Yes or No
	0 unknown		8 not worn or used		8 other	admitted to hospital
			0 unknown		0 none	
(PRI) PRIMARY INJURY CODE	and (SEC) SECONDARY INJURY CODE			(ALC) ALCOHOL		
1 amputation	8 hypothermia	15 teeth		1 alcohol use apparent		
2 back injury	9 internal injuries	16 injury from propulsion system		2 drug use apparent		
3 broken bones	10 laceration	17 carbon monoxide poisoning		3 combination apparent		
4 burns	11 neck injury	18 heart attack		0 none		
5 contusion	12 shock	0 none				
6 dislocation	13 spinal injury					
7 head injury	14 sprain/ strain					

# OPERATOR FORM

VESSEL

Reporting Agency		Officer ID#	Accident Date	Accident Time	Date Notified	Time Notified	Report #			
Body of Water		Location		GPS	Nearest Town/City		County			
# of Vessels Involved	Property Damage <input type="checkbox"/>	Personal Injury <input type="checkbox"/>	Fatal Injury <input type="checkbox"/>	Missing Person <input type="checkbox"/>	Hit & Run <input type="checkbox"/>	Total incident damage over \$2000 Yes <input type="checkbox"/> No <input type="checkbox"/>				
Operator Name		Age	Date of Birth	SEX	EDU	Make	Model	Year	Length	Color
Address				EXP	PFD	Registration #	HIN #		Engine #	Horsepower
City		State	Zip Code	LAN YARD	INJ	Capacity Plate →→→→ INDICATE CAPACITY PLATE INFORMATION	# lbs.	# of Persons	Horsepower	
Telephone #		Drivers License #			PRI	SEC	Vessel Owner		Insurance Company	
Hospital		EMS			MED 1	MED 2	Address		Policy #	
Operator Name		Age	Date of Birth	SEX	EDU	Make	Model	Year	Length	Color
Address				EXP	PFD	Registration #	HIN #		Engine #	Horsepower
City		State	Zip Code	LAN YARD	INJ	Capacity Plate →→→→ INDICATE CAPACITY PLATE INFORMATION	# lbs.	# of Persons	Horsepower	
Telephone #		Drivers License #			PRI	SEC	Vessel Owner		Insurance Company	
Hospital		EMS			MED 1	MED 2	Address		Policy #	

*Please complete the following questions regarding your vessel/watercraft.*

- |  |   |
|--|---|
| 1. Estimated number of days vessel was used this year. _____                     | 6. Total dollar amount of vessel damage. _____  |
| 2. Typical number of people on board this vessel. _____                          | 7. Vessel name (documented). _____  |
| 3. Estimated number of hours operating vessel involved in accident. _____        | 8. Vessel documentation number. _____   |
| 4. Typical number of hours vessel was used each day this year. _____             | 9. Weather reports available and used? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Vessel length _____ width (beam) _____ depth at transom _____ (feet & inches) |   |

Name (person completing form - PLEASE PRINT)	Signature	Address	Telephone Number
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Mail the completed form to: Illinois Department of Natural Resources, Office of Law Enforcement, One Natural Resources Way, Springfield, IL 62702-1271

DIAGRAM - not to scale

indicate North

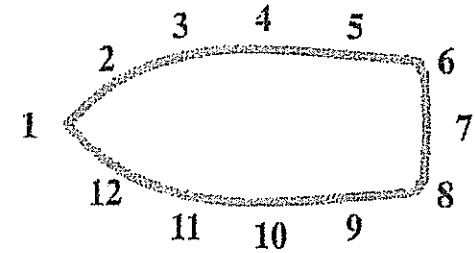


PASSENGER LOCATION

indicate position by occupant #



VESSEL 1 - Circle number indicating damaged areas



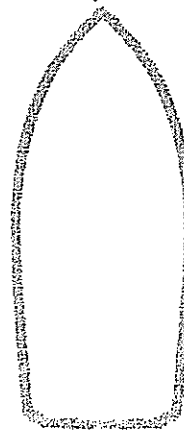
Circle number indicating damaged area

- 13 - Below the waterline
- 14 - Lower unit/propeller
- 15 - Windshield
- 16 - Damage to the deck
- 17 - Burned
- 18 - Sunk

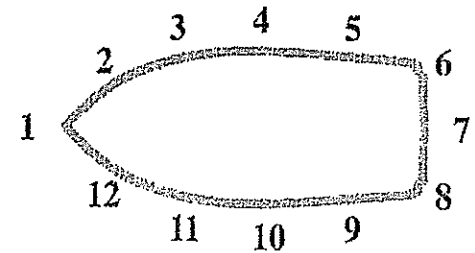
NARRATIVE

PASSENGER LOCATION

indicate position by occupant #



VESSEL 2 - circle number indicating damaged areas



Circle number indicating damaged area

- 13 - Below the waterline
- 14 - Lower unit/propeller
- 15 - Windshield
- 16 - Damage to the deck
- 17 - Burned
- 18 - Sunk

**DIRECTIONS FOR COMPLETION OF THE OPERATOR FORM**

**OPERATOR FORM**

The operator of every vessel involved is required by the Illinois Boat Registration Act of 1959 to file a report in writing whenever a boating accident results in a loss of life, injury to persons or property damage in excess of \$2,000. Reports in death cases must be submitted within 48 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Illinois Department of Natural Resources, Law Enforcement, One Natural Resources Way, Springfield, IL 62702-1271.

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