



WYOMING GAME AND FISH DEPARTMENT

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wgfd.wyo.gov

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Attention: Watercraft operator involved in an accident

As directed by W.S. 41-13-105:

The operator of any watercraft* involved in an accident on any of the waters of Wyoming is **required by law to immediately notify** a Wyoming law enforcement agency of the accident.

In addition, the operator is required to complete the attached written report whenever the watercraft accident results in:

- Death or injury requiring medical treatment beyond first aid.
- The disappearance of any person from the watercraft under circumstances that indicate the possibility of death or injury.
- Property damage in excess of five hundred dollars (\$500).

A watercraft accident includes capsizing, flooding, fire, explosion, disappearance of a watercraft other than by theft, and all collisions involving at least one watercraft and/or another watercraft, fixed, and/or floating objects.

The attached written report must be submitted within **10 days as required by law**.

Mail completed report to:

Wyoming Game and Fish Department
Attention: Watercraft Safety
3030 Energy Lane
Casper, WY 82604

* "Watercraft" means any contrivance used or designed primarily for navigation on water.

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
[] DISAPPEARANCE			
WAS PFD WORN? [] YES [] NO			
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> YES [] NO <input type="checkbox"/> YES [] NO	DESCRIBE INJURY
WAS PFD WORN?	<input type="checkbox"/> YES [] NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES [] NO
WAS IT INFLATABLE?	<input type="checkbox"/> YES [] NO	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES [] NO
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> YES [] NO <input type="checkbox"/> YES [] NO	DESCRIBE INJURY
WAS PFD WORN?	<input type="checkbox"/> YES [] NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES [] NO
WAS IT INFLATABLE?	<input type="checkbox"/> YES [] NO	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES [] NO
OTHER PEOPLE ABOARD THIS BOAT (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)			
NAME		ADDRESS	
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	<input type="checkbox"/> YES [] NO <input type="checkbox"/> YES [] NO	PRIOR TO ACCIDENT? WAS IT INFLATABLE?
<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO
NAME		ADDRESS	
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	<input type="checkbox"/> YES [] NO <input type="checkbox"/> YES [] NO	PRIOR TO ACCIDENT? WAS IT INFLATABLE?
<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO	<input type="checkbox"/> YES [] NO
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)			
NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ()		BOAT REGISTRATION OR DOCUMENTATION NUMBER STATE	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ()			
PROPERTY DAMAGE			
ESTIMATED AMOUNT: THIS BOAT AND CONTENTS:		OTHER BOAT(S) AND CONTENTS:	
\$		\$	
OTHER PROPERTY: \$			
DESCRIBE PROPERTY DAMAGED			
WITNESSES NOT ON THIS VESSEL			
NAME		ADDRESS	
NAME		ADDRESS	
TELEPHONE NUMBER ()		TELEPHONE NUMBER ()	
PERSON COMPLETING REPORT			
NAME		ADDRESS	
SIGNATURE		QUALIFICATION	
		<input type="checkbox"/> OPERATOR [] OWNER <input type="checkbox"/> INVESTIGATOR [] OTHER	
TELEPHONE NUMBER ()		DATE SUBMITTED	
FOR AGENCY USE ONLY			
CAUSES BASED ON (CHECK ONE): [] THIS REPORT [] INVESTIGATION [] INVESTIGATION AND THIS REPORT [] OTHER			
NAME OF REVIEWING OFFICE		DATE RECEIVED	
RECREATIONAL []		NON-REPORTABLE []	
COMMERCIAL []			
PRIMARY CAUSE		SECONDARY CAUSE	

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS. INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AN/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PFD'S.)