

## BOAT ACCIDENT REPORT HUMAN PERFORMANCE FACTORS SUPPLEMENT

INSTRUCTIONS: Use this form to record human performance data on the vessel operator(s), any occupant(s) who were victims or otherwise identified as important to the investigation, and the vessel(s) involved in the accident. For more detail on conducting the interviews and collecting related information and documentation, see CHECKLIST OF QUESTIONS AND RELEVANT DOCUMENTATION FOR A HUMAN PERFORMANCE INVESTIGATION.

Some of the human performance data will already be captured in fields on other accident report form(s). Use this form as a place to record both the new information and that other relevant data for easier analysis.

DATE \_\_\_\_\_ INCIDENT NO. \_\_\_\_\_ VESSEL NO. \_\_\_\_\_

### TOXICOLOGY - Operator and Occupant(s)/Victim(s) as applicable

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**Alcohol Use**    ☐ No    ☐ Yes

If yes, justification is based on *(check all that apply)*:

☐ Chemical test    (BAC: \_\_\_\_\_)

☐ Trained officer observation

☐ Reliable witness reports

Estimated type/amount \_\_\_\_\_

**Drug Use**    ☐ No    ☐ Yes

If yes, justification is based on *(check all that apply)*:

☐ Chemical test    (BAC: \_\_\_\_\_)

☐ Trained officer observation

☐ Reliable witness reports

Estimated type/amount \_\_\_\_\_

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**Alcohol Use**    ☐ No    ☐ Yes

If yes, justification is based on *(check all that apply)*:

☐ Chemical test    (BAC: \_\_\_\_\_)

☐ Trained officer observation

☐ Reliable witness reports

Estimated type/amount \_\_\_\_\_

**Drug Use**    ☐ No    ☐ Yes

If yes, justification is based on *(check all that apply)*:

☐ Chemical test    (BAC: \_\_\_\_\_)

☐ Trained officer observation

☐ Reliable witness reports

Estimated type/amount \_\_\_\_\_

### OPERATOR DISTRACTION - Immediately prior to accident as applicable

Were any of the following electronic devices on board AND suspected/known to have caused distraction involved in the accident *(check all that apply)*:

☐ Phone

☐ VHF Radio

☐ GPS

☐ Other: \_\_\_\_\_

☐ Sonar

☐ Unknown

Were any of the following items suspected/known to have caused distraction involved in the accident *(check all that apply)*:

☐ Navigation Lights

☐ Possible Glare

☐ Auxiliary Lights

☐ Other: \_\_\_\_\_

☐ Background Lights

☐ Unknown

Describe Passenger Activities: \_\_\_\_\_

Describe Waterway Activities: \_\_\_\_\_

Describe the Nature and Circumstances of the Distraction: \_\_\_\_\_

**OPERATOR EXPERIENCE AND TRAINING - as applicable**Boating Education? ☐ No ☐ Yes ☐ UnknownVessel was: ☐ Rented ☐ Borrowed

Type:

☐ Owned ☐ Unknown☐ State Course ☐ CG/Captain's License☐ Internet Course ☐ None☐ USCGA ☐ Other: \_\_\_\_\_☐ USPS ☐ UnknownBoating Experience (*circle*):

General Boating Experience	Experience with this Boat Type	Experience at this Location/Body of Water
0-10 hrs	0-10 hrs	0-10 hrs
>10-100 hrs	>10-100 hrs	>10-100 hrs
>100-500 hrs	>100-500 hrs	>100-500 hrs
Over 500 hrs	Over 500 hrs	Over 500 hrs
None	None	None
Unknown	Unknown	Unknown

Was this a NASBLA

Certified course? ☐ Yes ☐ No ☐ Unknown

What year was the course taken? \_\_\_\_\_

Previous Violations (*relevant to case; within last five years*): \_\_\_\_\_Previous Accidents (*relevant to case; within last five years*): \_\_\_\_\_**MEDICAL - Operator and Occupant(s)/Victim(s) as applicable****O  
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R**Current Health Conditions (*diabetes, high blood pressure, cardiac conditions, etc.*): \_\_\_\_\_

\_\_\_\_\_

Recent Health Changes? ☐ No ☐ Yes ☐ Unknown Describe \_\_\_\_\_

\_\_\_\_\_

Vision:

Hearing:

Were corrective lenses required? ☐ No ☐ Yes ☐ Unknown

Is a hearing aid required?

Were they being worn? ☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes ☐ Unknown**O  
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T**Current Health Conditions (*diabetes, high blood pressure, cardiac conditions, etc.*): \_\_\_\_\_

\_\_\_\_\_

Recent Health Changes? ☐ No ☐ Yes ☐ Unknown Describe \_\_\_\_\_

\_\_\_\_\_

Vision:

Hearing:

Were corrective lenses required? ☐ No ☐ Yes ☐ Unknown

Is a hearing aid required?

Were they being worn? ☐ No ☐ Yes ☐ Unknown☐ No ☐ Yes ☐ Unknown

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**ACTIVITY IN PREVIOUS 72 HOURS - Operator and Occupant(s)/Victim(s) as applicable**

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Work Schedule      Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Other Activities (*outside of work hours*): \_\_\_\_\_  
Sleep Pattern - Hours of Sleep:      Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Sleep Quality (*explain*): \_\_\_\_\_

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Work Schedule      Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Other Activities (*outside of work hours*): \_\_\_\_\_  
Sleep Pattern - Hours of Sleep:      Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Sleep Quality (*explain*): \_\_\_\_\_

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**LIFE CHANGES (In past year)**☐ **Operator**☐ **Occupant**

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Changes in Financial Situation?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Changes in Relationships?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Changes in Health of Family/Friends?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Other Personal Changes?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_

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Changes in Financial Situation?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Changes in Relationships?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Changes in Health of Family/Friends?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_  
Other Personal Changes?    ☐ No    ☐ Yes    ☐ Unknown  
Describe \_\_\_\_\_

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### INTERPERSONAL INFORMATION - as applicable

Mood of Occupants Before, During and After Accident: \_\_\_\_\_

Relationship of Occupants to Operator: ☐ Spouse/Partner ☐ Children ☐ Extended Family  
(check all that apply) ☐ Grandchildren ☐ Parents ☐ Friends  
☐ Other (explain): \_\_\_\_\_

Relationship of Occupants to One Another: ☐ Family ☐ Friends  
☐ Other (explain): \_\_\_\_\_

Had occupants been together on this boat before? ☐ No ☐ Yes ☐ Unknown If so, when: \_\_\_\_\_

Occupant Activity Prior to Accident: \_\_\_\_\_

Occupant Perception of Operator Experience: \_\_\_\_\_

Other Interpersonal Factors: \_\_\_\_\_

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### VESSEL-RELATED INFORMATION

#### Equipment Design Factors

Check all that apply. Note any relevant factors related to the accident with regard to the following:

☐ Helm Station ☐ Design (explain): \_\_\_\_\_

☐ Layout (explain): \_\_\_\_\_

☐ Instrument Panel ☐ Readability (explain): \_\_\_\_\_

☐ Functionality (explain): \_\_\_\_\_

☐ Layout (explain): \_\_\_\_\_

☐ Audible Alerts ☐ Volume (explain): \_\_\_\_\_

☐ Duration (explain): \_\_\_\_\_

☐ Functionality (explain): \_\_\_\_\_

☐ Controls ☐ Ease of Use (explain): \_\_\_\_\_

☐ Functionality (explain): \_\_\_\_\_

Other Design Factors \_\_\_\_\_

☐ Mechanical or Maintenance Issues (explain): \_\_\_\_\_

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### HUMAN FACTORS NARRATIVE

INSTRUCTIONS: Use this space to summarize information captured in previous sections of this form, to describe any other important matters that are not captured elsewhere on this form, and to add any other information pertinent to the human performance investigation (e.g., capture any information resulting from asking questions about risk factors observed as part of the investigation and whether the operator recognized those factors and took action).