



# Boat Incident

GEORGIA DEPARTMENT OF NATURAL RESOURCES  
2070 Hwy 278 SE  
Social Circle, GA 30025

ACCIDENT NUMBER  
**A007885**

AGENCY CASE NO  
**16520052501**

COUNTY OF <b>HALL</b>		REPORTING AGENCY <b>GEORGIA DEPARTMENT OF NATURAL RESOURCES</b>				AGENCY CASE NO <b>16520052501</b>			
DATE & TIME OF ACCIDENT <b>Sun, May 24, 2020 11:30 PM</b>		DATE & TIME LEO ARRIVED <b>Thu, May 25, 2000 12:00 AM</b>		DATE & TIME OF REPORT <b>Fri, May 29, 2020 02:40 PM</b>		DATE & TIME COMPLETED <b>Tue, Jun 09, 2020 11:59 AM</b>			
INJURED <b>10</b>	FATALITIES <b>0</b>	MISSING <b>0</b>	TOWED SKIERS <b>0</b>	TOTAL SWIMMERS <b>0</b>	TOTAL VESSELS <b>2</b>	VESSEL DAMAGE \$ <b>45000</b>	PROPERTY DAMAGE \$ <b>0</b>	TOTAL DAMAGE \$ <b>45000</b>	
NEAREST CITY <b>BUFORD</b>			BODY OF WATER <b>Lake Lanier</b>			WATERS STATE			
EXACT LOCATION <b>LITTLE SHOAL CREEK</b>						<input type="checkbox"/> INTRACOASTAL NEAREST MARKER WATERWAY			
ACCIDENT SITE <b>LAKE/POND</b>		RESTRICTED AREA		PERMIT CODE		LATITUDE <b>N 34 10.4833</b>		LONGITUDE <b>W 84 0.8828</b>	
WEATHER <b>CLEAR</b>		VISIBILITY <b>GOOD</b>		WATER CONDITIONS <b>CALM</b>		AIR TEMP <b>75 F</b>		WATER TEMP <b>73 F</b>	
		DAYTIME <b>NIGHT</b>		WIND CONDITIONS <b>NONE</b>		WATER CURRENT <b>NONE</b>		ACCIDENT DESCRIPTORS	

## VESSEL(S)

V# <b>V01</b>	YEAR <b>2002</b>	MAKE <b>COBALT</b>	TYPE <b>CABIN MOTORBOAT</b>		COLOR <b>WHITE</b>	HULL MATERIAL <b>FIBERGLASS</b>	LENGTH <b>36 F</b>	VESSEL NAME	T.SKIERS <b>0</b>	INJURED <b>4</b>	FATAL <b>0</b>
FUEL <b>GAS</b>	PROPULSION <b>PROPELLER</b>	HP <b>300</b>	# ENG. <b>1</b>	ENGINE TYPE <b>INBOARD</b>	VESSEL PRIORITY <b>GIVE WAY</b>	ESTIMATED SPEED <b>OVER 40 MPH</b>	ESTIMATED DAMAGE \$ <b>5000</b>	FEDERAL CLASSIFICATION <b>RECREATIONAL</b>	<input type="checkbox"/> RENTED		
HIN [REDACTED]	REGISTRATION NO STATE EXPIRATION <b>N/A</b>		DOCUMENT NO		<input checked="" type="checkbox"/> INSURED INSURANCE COMPANY <b>GEICKO</b>		POLICY NUMBER [REDACTED]		<input type="checkbox"/> BORROWED Not In Household		
Name of Vessel Owner [REDACTED]			Business <input type="checkbox"/> Current Address [REDACTED]		City <b>BUFORD</b>		State Zip Code <b>GA 30518</b>		Phone Number(s) [REDACTED]		
ACCIDENT TYPE PRIMARY <b>COLLISION WITH VESSEL</b> SECONDARY TERTIARY					WHAT CONTRIBUTED TO THE ACCIDENT FIRST <b>ALCOHOL USE</b> SECOND <b>CARELESS/RECKLESS</b> THIRD <b>EXCESSIVE SPEED</b>						
MACHINERY FAILURE		EQUIPMENT FAILURE		SAFETY EQUIPMENT		OPERATION <b>CRUISING</b>		ACTIVITY			

## PERSONS ASSOCIATED WITH VESSEL (COUNT: 4)

(See Person's Section for Complete Record)

OWNER (OPERATOR): [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]

V# <b>V02</b>	YEAR <b>2003</b>	MAKE <b>LARSON</b>	TYPE <b>CABIN MOTORBOAT</b>		COLOR <b>WHITE</b>	HULL MATERIAL <b>FIBERGLASS</b>	LENGTH <b>31 F</b>	VESSEL NAME	T.SKIERS <b>0</b>	INJURED <b>6</b>	FATAL <b>0</b>
FUEL <b>GAS</b>	PROPULSION <b>PROPELLER</b>	HP <b>300</b>	# ENG. <b>1</b>	ENGINE TYPE <b>INBOARD</b>	VESSEL PRIORITY <b>STAND ON</b>	ESTIMATED SPEED <b>STOPPED</b>	ESTIMATED DAMAGE \$ <b>40000</b>	FEDERAL CLASSIFICATION <b>RECREATIONAL</b>	<input type="checkbox"/> RENTED		
HIN [REDACTED]	REGISTRATION NO STATE EXPIRATION <b>GA 8/31/2022</b>		DOCUMENT NO		<input checked="" type="checkbox"/> INSURED INSURANCE COMPANY <b>ALLSTATE</b>		POLICY NUMBER [REDACTED]		<input type="checkbox"/> BORROWED Not In Household		
Name of Vessel Owner [REDACTED]			Business <input type="checkbox"/> Current Address [REDACTED]		City <b>ATLANTA</b>		State Zip Code <b>GA 30311</b>		Phone Number(s) [REDACTED]		
ACCIDENT TYPE PRIMARY <b>COLLISION WITH VESSEL</b> SECONDARY TERTIARY					WHAT CONTRIBUTED TO THE ACCIDENT FIRST <b>UNDETERMINED</b> SECOND THIRD						
MACHINERY FAILURE		EQUIPMENT FAILURE		SAFETY EQUIPMENT		OPERATION		ACTIVITY			

## PERSONS ASSOCIATED WITH VESSEL (COUNT: 6)

(See Person's Section for Complete Record)

OWNER (OPERATOR): [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]  
OCCUPANT: [REDACTED]

## PERSON(S)

S#	NAME (LAST, FIRST MIDDLE) [REDACTED]				PERSON'S ROLE <b>OWNER (OPERATOR)</b>		DATE OF BIRTH & AGE [REDACTED] <b>39</b>	RACE <b>W</b>	SEX <b>M</b>	HGT <b>511</b>	WGT <b>200</b>
HAIR	EYES <b>BRO</b>	ID NUMBER [REDACTED]	STATE	TYPE OF I.D.	ID EXPIRES [REDACTED]	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE [REDACTED]			
STREET [REDACTED]							CITY <b>BUFORD</b>		STATE <b>GA</b>	ZIP CODE <b>30518</b>	

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INJURY STATUS <b>INJURED</b>		IF OPERATOR:	OPERATOR EXPERIENCE <b>10 TO 100 HOURS</b>	OPERATOR HOURS IN VESSEL TYPE <b>10 TO 100 HOURS</b>	OPERATOR EDUCATION <b>OTHER (APPR)</b>
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: COBALT / 2002 / 36 F / WHITE / N/A</b>	
BUI INFORMATION					B.A.C.
DISTRACTION <b>Unknown</b>					
<b>INJURY INFORMATION</b>				ACTIVITY <b>CRUISING</b>	
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>		INJURIES		TREATMENT OF INJURIES <b>REFUSED TREATMENT</b>	
PHYSICAL CONDITION <b>UNDER INFLUENCE ALCOHOL</b>					
INJURY / FATALITY SYNOPSIS <b>Subject sustained chipped tooth from impact.</b>					
<b>CITATIONS ISSUED TO THIS PERSON (COUNT: 2)</b>					
RESOURCE CITATION R000080092:					
RESOURCE CITATION R000080093:					

S#	NAME (LAST, FIRST, MIDDLE)			PERSON'S ROLE <b>OCCUPANT</b>	DATE OF BIRTH & AGE <b>26</b>	RACE <b>W</b>	SEX <b>F</b>	HGT <b>505</b>	WGT <b>150</b>
HAIR	EYES <b>BRO</b>	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	
STREET						CITY <b>PEACHTREE CTY</b>	STATE <b>GA</b>	ZIP CODE <b>30269</b>	
INJURY STATUS <b>INJURED</b>		IF OPERATOR:	OPERATOR EXPERIENCE	OPERATOR HOURS IN VESSEL TYPE	OPERATOR EDUCATION				
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input checked="" type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: COBALT / 2002 / 36 F / WHITE / N/A</b>					
BUI INFORMATION									B.A.C.
<b>INJURY INFORMATION</b>				ACTIVITY <b>CRUISING</b>					
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>		INJURIES <b>HEAD INJURY</b>			TREATMENT OF INJURIES <b>TREATMENT</b>				
PHYSICAL CONDITION <b>NORMAL</b>									
INJURY / FATALITY SYNOPSIS <b>sustained head injury</b>									

S#	NAME (LAST, FIRST, MIDDLE)			PERSON'S ROLE <b>OCCUPANT</b>	DATE OF BIRTH & AGE <b>23</b>	RACE <b>W</b>	SEX <b>F</b>	HGT <b>504</b>	WGT <b>160</b>
HAIR	EYES <b>GRN</b>	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE <b>111-111-1111</b>	WORK TELEPHONE <b>111-111-1111</b>	MOBILE TELEPHONE <b>111-111-1111</b>	
STREET						CITY <b>ATLANTA</b>	STATE <b>GA</b>	ZIP CODE <b>30312</b>	
INJURY STATUS <b>INJURED</b>		IF OPERATOR:	OPERATOR EXPERIENCE	OPERATOR HOURS IN VESSEL TYPE	OPERATOR EDUCATION				
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: COBALT / 2002 / 36 F / WHITE / N/A</b>					
BUI INFORMATION									B.A.C.
<b>INJURY INFORMATION</b>				ACTIVITY <b>CRUISING</b>					
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>		INJURIES <b>CONTUSION(S), LACERATION(S)</b>			TREATMENT OF INJURIES <b>REFUSED TREATMENT</b>				
PHYSICAL CONDITION <b>NORMAL</b>									

S#	NAME (LAST, FIRST, MIDDLE)			PERSON'S ROLE <b>OCCUPANT</b>	DATE OF BIRTH & AGE <b>27</b>	RACE <b>W</b>	SEX <b>F</b>	HGT <b>508</b>	WGT <b>135</b>
HAIR	EYES <b>BLU</b>	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	
STREET						CITY <b>ATLANTA</b>	STATE <b>GA</b>	ZIP CODE <b>30309</b>	
INJURY STATUS <b>INJURED</b>		IF OPERATOR:	OPERATOR EXPERIENCE	OPERATOR HOURS IN VESSEL TYPE	OPERATOR EDUCATION				
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO <b>V01: COBALT / 2002 / 36 F / WHITE / N/A</b>					
BUI INFORMATION									B.A.C.
<b>INJURY INFORMATION</b>				ACTIVITY <b>CRUISING</b>					
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>		INJURIES <b>CONTUSION(S), LACERATION(S)</b>			TREATMENT OF INJURIES <b>REFUSED TREATMENT</b>				
PHYSICAL CONDITION <b>NORMAL</b>									

S#	NAME (LAST, FIRST, MIDDLE)				PERSON'S ROLE	DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT	
					<b>OWNER (OPERATOR)</b>		<b>43</b>	<b>B</b>	<b>F</b>	<b>503</b> <b>135</b>	
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE			
	<b>BRO</b>										
STREET						CITY	STATE	ZIP CODE			
						<b>ATLANTA</b>	<b>GA</b>	<b>30311</b>			
INJURY STATUS		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION			
<b>INJURED</b>				<b>10 TO 100 HOURS</b>		<b>10 TO 100 HOURS</b>		<b>OTHER (APPR)</b>			
PFD USE		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO							
<b>NOT WEARING PFD</b>				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>							
BUI INFORMATION										B.A.C.	
<b>INJURY INFORMATION</b>										ACTIVITY	
										<b>CRUISING</b>	
INJURY CAUSED BY				INJURIES				TREATMENT OF INJURIES			
<b>IMPACT WITH BOAT</b>								<b>TREATMENT</b>			
PHYSICAL CONDITION											
<b>NORMAL</b>											
INJURY / FATALITY SYNOPSIS											
<b>right hip, gash on left knee and pain in upper body.</b>											

S#	NAME (LAST, FIRST, MIDDLE)				PERSON'S ROLE	DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT	
					<b>OCCUPANT</b>		<b>33</b>	<b>B</b>	<b>F</b>		
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE			
STREET						CITY	STATE	ZIP CODE			
						<b>ATLANTA</b>	<b>GA</b>	<b>30311</b>			
INJURY STATUS		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION			
<b>INJURED</b>											
PFD USE		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO							
<b>NOT WEARING PFD</b>				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>							
BUI INFORMATION										B.A.C.	
<b>INJURY INFORMATION</b>										ACTIVITY	
										<b>CRUISING</b>	
INJURY CAUSED BY				INJURIES				TREATMENT OF INJURIES			
<b>IMPACT WITH BOAT</b>								<b>TREATMENT</b>			
PHYSICAL CONDITION											
<b>NORMAL</b>											
INJURY / FATALITY SYNOPSIS											
<b>injuries to head, pelvis, ribs, back and legs</b>											

S#	NAME (LAST, FIRST, MIDDLE)				PERSON'S ROLE	DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT	
					<b>OCCUPANT</b>		<b>18</b>	<b>B</b>	<b>M</b>		
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE			
STREET						CITY	STATE	ZIP CODE			
						<b>MARIETTA</b>	<b>GA</b>	<b>30060</b>			
INJURY STATUS		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION			
<b>INJURED</b>											
PFD USE		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO							
<b>NOT WEARING PFD</b>				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>							
BUI INFORMATION										B.A.C.	
<b>INJURY INFORMATION</b>										ACTIVITY	
										<b>CRUISING</b>	
INJURY CAUSED BY				INJURIES				TREATMENT OF INJURIES			
<b>IMPACT WITH BOAT</b>				<b>BROKEN BONE(S), CONTUSION(S), LACERATION(S)</b>				<b>ADMITTED TO HOSPITAL</b>			
PHYSICAL CONDITION											
<b>NORMAL</b>											
INJURY / FATALITY SYNOPSIS											
<b>Broken pelvis that required surgery</b>											

S#	NAME (LAST, FIRST, MIDDLE)				PERSON'S ROLE	DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT
					<b>OCCUPANT</b>		<b>35</b>	<b>B</b>	<b>M</b>	<b>600</b> <b>265</b>
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE		
	<b>BRO</b>									
STREET						CITY	STATE	ZIP CODE		
						<b>FAYETTEVILLE</b>	<b>GA</b>	<b>30215</b>		
INJURY STATUS		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION		
<b>INJURED</b>										
PFD USE		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO						
<b>NOT WEARING PFD</b>				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>						
BUI INFORMATION										B.A.C.

<b>INJURY INFORMATION</b>						ACTIVITY <b>CRUISING</b>				
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>			INJURIES <b>HEAD INJURY, LACERATION(S)</b>			TREATMENT OF INJURIES <b>TREATMENT</b>				
PHYSICAL CONDITION <b>NORMAL</b>										
INJURY / FATALITY SYNOPSIS <b>Multple lacerations, possible concussion, and possible torn ligament in right hand.</b>										
S#	NAME (LAST, FIRST MIDDLE)			PERSON'S ROLE		DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT
	[REDACTED]			<b>OCCUPANT</b>		[REDACTED] 26	<b>B</b>	<b>F</b>	<b>508</b>	<b>150</b>
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE		
	<b>BRO</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]		
STREET						CITY		STATE	ZIP CODE	
[REDACTED]						<b>FAYETTEVILLE</b>		<b>GA</b>	<b>30215</b>	
INJURY STATUS <b>INJURED</b>		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION		
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO			BUI INFORMATION			B.A.C.
				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>						

<b>INJURY INFORMATION</b>						ACTIVITY <b>CRUISING</b>				
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>			INJURIES <b>CONTUSION(S), LACERATION(S)</b>			TREATMENT OF INJURIES <b>TREATMENT</b>				
PHYSICAL CONDITION <b>NORMAL</b>										
INJURY / FATALITY SYNOPSIS <b>Large laceration to her right arm, contusion on left arm</b>										
S#	NAME (LAST, FIRST MIDDLE)			PERSON'S ROLE		DATE OF BIRTH & AGE	RACE	SEX	HGT	WGT
	[REDACTED]			<b>OCCUPANT</b>		[REDACTED] 29	<b>B</b>	<b>F</b>	<b>507</b>	<b>200</b>
HAIR	EYES	ID NUMBER	STATE	TYPE OF I.D.	ID EXPIRES	HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE		
	<b>BRO</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]		
STREET						CITY		STATE	ZIP CODE	
[REDACTED]						<b>RIVERDALE</b>		<b>GA</b>	<b>30296</b>	
INJURY STATUS <b>INJURED</b>		IF OPERATOR:		OPERATOR EXPERIENCE		OPERATOR HOURS IN VESSEL TYPE		OPERATOR EDUCATION		
PFD USE <b>NOT WEARING PFD</b>		<input type="checkbox"/> EJECTED	<input type="checkbox"/> CAN SWIM	VESSEL PERSON LINKED TO			BUI INFORMATION			B.A.C.
				<b>V02: LARSON / 2003 / 31 F / WHITE / 9059RD</b>						

<b>INJURY INFORMATION</b>						ACTIVITY <b>CRUISING</b>			
INJURY CAUSED BY <b>IMPACT WITH BOAT</b>			INJURIES			TREATMENT OF INJURIES <b>TREATMENT</b>			
PHYSICAL CONDITION <b>NORMAL</b>									
INJURY / FATALITY SYNOPSIS <b>head, back, shoulder, neck and leg injuries</b>									

**DETAILED NARRATIVE**

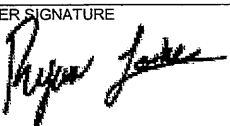
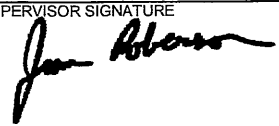
On May 24, 2020 at approximately 2348 hours, I Game Warden Ryan Locke received a call in regards to a boating incident in Little Shoal Creek on Lake Lanier. At 0013 hours, myself and Sergeant Jason Roberson arrived on scene. I observed a white in color 31 foot Larson with several occupants on board with severe damage to the stern of the vessel; another vessel, 36 foot Cobalt was a short distance away. I checked on the occupants in the Larson and spoke with Hall County Paramedics to see if they had checked on the other vessel. I then went to the Cobalt to check the status of the occupants. I immediately noticed a head injury on two of the female occupants, and the operator of the vessel, [REDACTED] had a chipped tooth. Paramedics ended up taking the females on the boat to get medical treatment. [REDACTED] agreed to perform field sobriety exercises and was determined to be impaired and less safe to operate.

After gathering witness statements and looking at the damage of both vessels, it was determined that [REDACTED] vessel was broke down with the navigation lights on. [REDACTED] had already called Towboat to come assist her some time before the accident. Multiple witnesses stated that [REDACTED] vessel had the navigation lights on. Due to my training, knowledge, and experience, I determined that [REDACTED] was at fault due to him operating under the influence and traveling at a speed that he was not able to maneuver his vessel in order to prevent a collision. Mr. V [REDACTED] was transported to the Hall County Dentention Center for boating under the influence and operating without registration.

ACCIDENT NUMBER  
**A007885**

AGENCY CASE NO  
**16520052501**

### OFFICER COMPLETING REPORT

OFFICER NAME <b>LOCKE, RYAN</b>		AGENCY NAME AND ADDRESS <b>GEORGIA DEPARTMENT OF NATURAL RESOURCES</b> 2150 DAWSONVILLE HWY. GAINESVILLE, GA. 30501 AGENCY DIVISION REGION 2 AGENCY PHONE (770) 535-5499 AGENCY ORI GA1470400		SUPERVISOR NAME <b>ROBERSON, JASON</b>			
RANK <b>GWFC.</b>	OFFICER SIGNATURE 	RANK <b>SERGEANT</b>	SUPERVISOR SIGNATURE 				
ORG/UNIT <b>GSPBIDNRB</b>		ORG/UNIT <b>GSPBIDNRB</b>					
ID NO <b>D0165</b>		ID NO <b>D0158</b>					
INVESTIGATIVE TIMES (IN HOURS)					VEHICLE MILES	BOAT ENGINE HOURS	AIRCRAFT ENGINE HOURS
ON BOAT <b>2:00</b>	ON LAND <b>2:00</b>	IN AIR :	ADMINISTRATIVE :	TOTAL <b>4:00</b>		<b>2:00</b>	:

### DO NOT COMPLETE BELOW THIS LINE - BOATING SAFETY REVIEWING AUTHORITY ONLY

FEDERAL ACCIDENT CLASSIFICATION: **RECREATIONAL**  OFF SHORE REPORTABLE STATUS **REPORTABLE**

(For Statistical Use)

ACCIDENT TYPE PRIMARY <b>COLLISION WITH VESSEL</b> SECONDARY TERTIARY	ACCIDENT CONTRIBUTORS FIRST <b>ALCOHOL USE</b> SECOND THIRD		
REVIEWER NAME <b>ELROD, STAN</b>	RANK <b>CAPTAIN</b>	ORG/UNIT <b>GSPBIDNRB</b>	ID NO <b>D0012</b>