



New Mexico Boating Accident Report

Agency Case Number

2009-10-0094B

- Type: Commercial More than \$2000 damage
 Government Injured beyond First Aid # _____
 Recreational Alcohol involved
 Disappearance # _____ Fatality

Estimate of total damages
\$ 12,000 +

Total Vessels Involved 3 Total Injured 0 Total Fatalities 0 Total Disappeared 0

General and Geographic Information

Date of Accident 9/5/09		Time of Accident 1715		Date/Time Officer Arrived 1735		No. of Vessels Involved 3	
Nearest City Elephant Butte			Name of Body of Water Elephant Butte Lake State Park			County Sierra	
Exact Location Dam Site D and C Dock				Nearest River Mile or Buoy Marker Red 2			
Latitude: Deg		Min		Longitude Deg		Min	
Sec				Min		Sec	
Accident Site		Restricted Area		Temperature		Strong Current	
<input checked="" type="checkbox"/> Lake/Reservoir <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Marina/Harbor <input type="checkbox"/> Below Dam <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Agency Lake <input type="checkbox"/> Other		<input checked="" type="checkbox"/> No Wake <input type="checkbox"/> Swimming Area <input type="checkbox"/> Other <input type="checkbox"/> Boats "Keep Out" <input type="checkbox"/> Special Event (Permitted)		Water 81 F. Air 91 F.		<input type="checkbox"/> River Current <input type="checkbox"/> Dam Generated	
Weather		Visibility		Wind		Water Conditions	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy <input type="checkbox"/> Foggy <input type="checkbox"/> Snow <input type="checkbox"/> Thunder storm		<input type="checkbox"/> Dawn <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Good <input type="checkbox"/> Dusk <input type="checkbox"/> Poor <input type="checkbox"/> Night		<input checked="" type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)		<input checked="" type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (6" to 2') <input type="checkbox"/> Rough (2' to 6') <input type="checkbox"/> Very Rough (more than 6') <input type="checkbox"/> White Water (River)	

Accident Events and Contributing Factors

Accident Type

(You may enter a primary, secondary, and tertiary accident type for each vessel by placing a 1, 2, or 3 in the appropriate area.)

V1 V2 V3	V1 V2 V3	V1 V2 V3	V1 V2 V3
___ ___ ___ Capsizing	___ ___ ___ Falls overboard	___ ___ ___ Grounding	___ ___ ___ Struck by boat (person)
___ ___ ___ Collision with fixed object	___ ___ ___ Fall on PWC	___ ___ ___ Sinking	___ ___ ___ Struck by skeg/prop (person)
___ ___ ___ Collision with floating object or person	___ ___ ___ Fire/Explosion (fuel)	___ ___ ___ Skier hit object	___ ___ ___ Struck underwater object
<u>1</u> <u>1</u> <u>1</u> Collision with vessel	___ ___ ___ Fire/Explosion (non-fuel)	___ ___ ___ Skier mishap/fall	___ ___ ___ Vessel wake damage
___ ___ ___ Fall in boat	___ ___ ___ Flooding (swamping)	___ ___ ___ Starting engine	___ ___ ___ Other _____

Contributing Factors (You may enter up to three contributing causes for each vessel)

V1 V2 V3 Vessel/Injured	V1 V2 V3 Vessel/Injured	V1 V2 V3 Vessel/Injured	V1 V2 V3 Vessel/Injured
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alcohol use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to vent fumes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Machinery failure	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharp turn
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Careless/Reckless	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous waters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No proper look-out	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skier or occ behavior
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congested waters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hull failure	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operator inattention	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Viol. of Nav. Rule
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dam or lock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ignition of fuel vapor	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operator inexperience	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision obstructed
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper anchoring	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overloading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Off throttle steering jet
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment failure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper loading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weather
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excessive speed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of proper lights	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Standing/sitting of gun-whale, bow, or transom	

Machinery Failure Explains Contributing Factor

(Enter every system that failed for each vessel.)

V1 V2 V3 Vessel	V1 V2 V3 Vessel
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shift failure
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical system	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering system
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine failure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Throttle failure
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel system	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventilation system
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting eng. in gear

Equipment Failure Explains Contributing Factor

(Indicate the equipment that failed.)

V1 V2 V3 Vessel	V1 V2 V3 Vessel
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PFDs
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auxiliary equipment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail demasting
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat broke loose
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sound producing
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visual distress

Vessel and Operational Information

Type of Boat V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Canoe/Kayak <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Houseboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open Motorboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal watercraft		V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mini Jet Boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rowboat (Jon) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail (Aux. power) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail (only) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seaplane <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other		# of Engines Vessel A 2 Vessel B 2 Vessel C 2 Total H. P. Vessel A _____ Vessel B _____ Vessel C _____		Propulsion V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Propeller <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Jet		Safety Equipment V1 V2 V3 Vessel <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Req. PFDs on board <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PFDs accessible <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire ext. on board <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire ext. used <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nav. lights operational <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nav. lights turned on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Safety Exam	
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Hull Material V1 V2 V3 Vessel <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plastic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rubber/Vinyl		V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rigid hull infl. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other		Fuel V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electric <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Gasoline		Engine V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inboard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outboard <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> I/O		Vessel was- V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rented <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Borrowed (not in household)	
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Operation at Time of Accident V1 V2 V3 Vessel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> At anchor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Being towed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Towing a boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing direction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing speed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cruising <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Docked (moored)				V1 V2 V3 Vessel <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drifting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Launching/Loading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sailing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wake/Surf jumping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Water Skiing				Activity at Time of Accident V1 V2 V3 Vessel/Injured <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Commercial purpose <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishing (recreational) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fueling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hunting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making repairs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Racing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Racing (unpermitted) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational cruising				V1 V2 V3 Vessel/Injured <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scuba diving <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skiing (surfing, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting engine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming/snorkeling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tournament (fishing) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Boat pulling tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White water sports <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other			
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Vessel # 1

Reg. or Doc. No. 1096664	HIN No. EYE50107D000	Engine Serial # unk	Documented Name Bloody Mary
Length 80.8	Make Sharpe Houseboat	Model Houseboat	Year 2000
No. of POB 7	No. Injured 0	No. Fatalities 0	No. of Skiers Towed 0
Estimated Speed: <input type="checkbox"/> Not Moving <input checked="" type="checkbox"/> Under 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> 41-60 mph <input type="checkbox"/> 61-80 mph <input type="checkbox"/> Over 80 mph			
Federal Definition of Vessel: <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			Est. damage this boat \$ 2000.00

Operator Information Driver's Lic # 027688888 ST NM Exp. date 2010 Ht. 6'3" Wt. 200 Eye Brn Restr none Age 54									
Last Name Condit		First Brian		M.I. J	DOB (mm/dd/yy) 8-24-1955				
Street 2649 Chelsea Ln.			City Santa Fe		State NM		Zip 87505		
Home Ph. 505-350-0975				Work Ph. 505-476-2276					
Operator Experience <input checked="" type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours		Operator Education <input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> State		BUI Info <input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs BAC _____		Status of Op. <input checked="" type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality		Other Operator Info Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> PFD used <input type="checkbox"/> Person can swim <input type="checkbox"/> Person was ejected <input type="checkbox"/> Lanyard used	
No. of Other Boating Citations 0									

Owner/Passenger Information Psgr. # 7						First Listed is Also Owner <input checked="" type="checkbox"/>									
1 Last Str.1		Fay		Leon (Skip)		MI C		Phone 505-720-1251		DOB 12-9-47		M/F M	Ejected? no	PFD no	Swim unk
		1325 Viga Rd. SE		Rio Rancho		ST NM		ZIP 87124							
2 Last Str.1		Fay		Brenda		MI		Phone		DOB 9-17-62		M/F F	Ejected? no	PFD no	Swim yes
		Same as #1				ST		ZIP							
3 Last Str.1		Richardson		Bill		MI		Phone				M/F M	Ejected? no	PFD no	Swim unk
				Santa Fe		ST		NM ZIP							
4 Last Str.1		Miller		Catherine		MI		Phone				M/F F	Ejected? no	PFD no	Swim unk
				Santa Fe		ST		NM ZIP							

Vessel #2

Reg. or Doc. No. NM2143EC HIN No. LVG01621A102 Engine Serial # unk Documented Name n/a

Length 59 Make Lakeview Model Houseboat Year 2002
No. of POB 4 No. Injured 0 No. Fatalities 0 No. of Skiers Towed 0 Hit and Run
Estimated Speed: [X] Not Moving [] Under 10 mph [] 10-20 mph [] 21-40 mph [] 41-60 mph [] 61-80 mph [] Over 80 mph
Federal Definition of Vessel: [X] Recreational [] Commercial [] Government Est. damage this boat \$ 0.00

Operator Information

Driver's License # Exp. date Ht. Wt. Eye Restr. Age
Last Name Shaw First Carl JR M.I. DOB (mm/dd/yy) 4-10-1954
Street 11216 Woodmar Ln NE City Albuquerque State NM Zip 87111
Home Ph. 505-292-8679 Work Ph. 505-263-0888

Operator Experience Operator Education BUI Info Status of Op. Other Operator Info
[] Under 10 hours [] USCG Aux. [] Red Cross [] Refused [X] Uninjured Gender [X] Male
[] 10-100 hours [] USPS [] None [] Been drinking [] Injured [] Female
[X] Over 100 hours [] State [] Other [] BUI arrest [] Missing [] PFD used
No. of Other Boating Citations BAC [] Drugs [] Fatality [] Person can swim
[] Person was ejected
[] Lanyard used

Owner/Passenger Information

Table with columns: Psgr. #, First Listed is Also Owner, DOB, M/F, Ejected?, PFD Worn, Can Swim. Row 1: Shaw, Jason, MI, ST, Phone, ZIP, M, N, N/A, unk.

Vessel 3

Reg. or Doc. No. 1196672 HIN No. SAQ01198A707 Engine Serial # unk Documented Name The Floating Irish

Length 92.2 Make Summerset Model Houseboat Year 2007
No. of POB 0 No. Injured 0 No. Fatalities 0 No. of Skiers Towed 0 Hit and Run
Estimated Speed: [X] Not Moving [] Under 10 mph [] 10-20 mph [] 21-40 mph [] 41-60 mph [] 61-80 mph [] Over 80 mph
Federal Definition of Vessel: [X] Recreational [] Commercial [] Government Est. damage this boat \$ 10,000 +

Operator Information

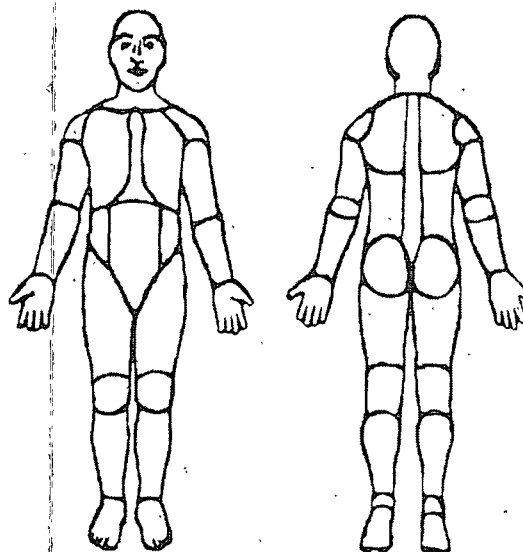
Driver's License # Exp. date Ht. Wt. Eye Restr. Age
Last Name O'Leary First Randal M.I. S DOB (mm/dd/yy)
Street 1999 Paseo Del Prado City El Paso State TX Zip 79936
Home Ph. 915-591-6319 Work Ph. 915-857-9695

Operator Experience Operator Education BUI Info Status of Op. Other Operator Info
[] Under 10 hours [] USCG Aux. [] Red Cross [] Refused [] Uninjured Gender [] Male
[] 10-100 hours [] USPS [] None [] Been drinking [] Injured [] Female
[] Over 100 hours [] State [] Other [] BUI arrest [] Missing [] PFD used
No. of Other Boating Citations BAC [] Drugs [] Fatality [] Person can swim
[] Person was ejected
[] Lanyard used

Owner/Passenger Information

Table with columns: Psgr. #, First Listed is Also Owner, DOB, M/F, Ejected?, PFD, Swim. Row 1: O'Leary, Randal, MI, ST, Phone, ZIP.

Injury Information

Vessel _____		Treatment <input type="checkbox"/> Treated <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment	
Status <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)		Hospital Name: _____	
Victim Information <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input type="checkbox"/> Passenger <input type="checkbox"/> Skier <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last Name _____		First _____	M.I. _____
Street _____		City _____	State _____ Zip _____
Home Ph. _____		Work Ph. _____	
Cause of Injury <input type="checkbox"/> Impact with boat <input type="checkbox"/> Impact with water <input type="checkbox"/> Impact with fixed object <input type="checkbox"/> Impact with floating object <input type="checkbox"/> Struck by boat <input type="checkbox"/> Propeller or skeg <input type="checkbox"/> Other _____		Injury Classification <u>Pri. Sec.</u> <input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken bones <input type="checkbox"/> Burns <input type="checkbox"/> Contusions <input type="checkbox"/> Dislocations <input type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Laceration <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw	
Victim Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water skiing <input type="checkbox"/> Other _____		PFD <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved USCG Approval # _____ <input type="checkbox"/> PFD Worn <input type="checkbox"/> Buoyant <input type="checkbox"/> Not Worn but used <input type="checkbox"/> Not Worn not used <input type="checkbox"/> PFD Worn as result of accident <input type="checkbox"/> PFD Worn prior to accident	
Location of Injury			
			
Victim Physical Condition		Fatal Synopsis	
<input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Other _____ <input type="checkbox"/> Handicapped		Drug : _____ BAC : _____ <input type="checkbox"/> Apparent	
Victim Cause of Death and Recovery Info			
<input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Hypothermia <input type="checkbox"/> Alcohol found <input type="checkbox"/> Trauma Location Body _____ Water Depth _____			

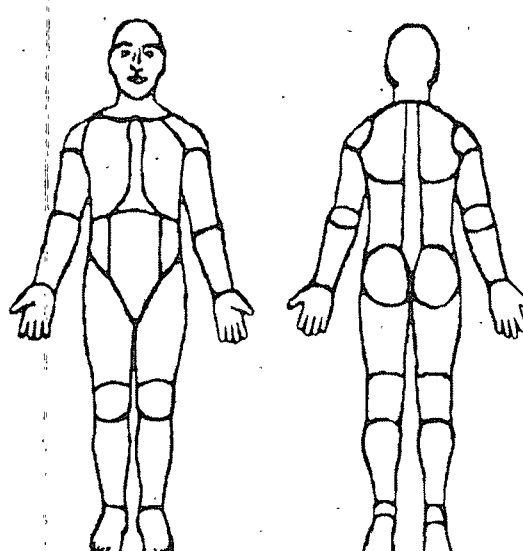
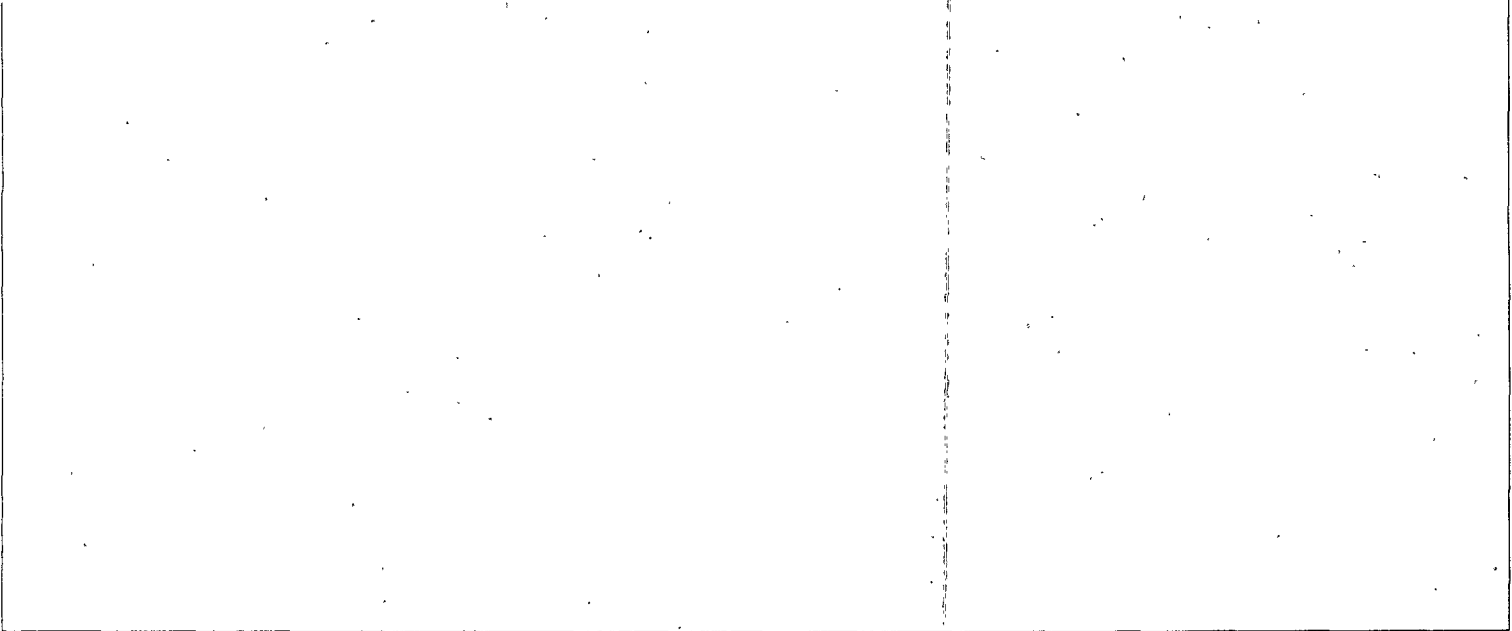
Vessel _____		Treatment <input type="checkbox"/> Treated <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment	
Status <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)		Hospital Name: _____	
Victim Information <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input type="checkbox"/> Passenger <input type="checkbox"/> Skier <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last Name _____		First _____	M.I. _____
Street _____		City _____	State _____ Zip _____
Home Ph. _____		Work Ph. _____	
Cause of Injury <input type="checkbox"/> Impact with boat <input type="checkbox"/> Impact with water <input type="checkbox"/> Impact with fixed object <input type="checkbox"/> Impact with floating object <input type="checkbox"/> Struck by boat <input type="checkbox"/> Propeller or skeg <input type="checkbox"/> Other _____		Injury Classification <u>Pri. Sec.</u> <input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken bones <input type="checkbox"/> Burns <input type="checkbox"/> Contusions <input type="checkbox"/> Dislocations <input type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Laceration <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw	
Victim Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water skiing <input type="checkbox"/> Other _____		PFD <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved USCG Approval # _____ <input type="checkbox"/> PFD Worn <input type="checkbox"/> Buoyant <input type="checkbox"/> Not Worn but used <input type="checkbox"/> Not Worn not used <input type="checkbox"/> PFD Worn as result of accident <input type="checkbox"/> PFD Worn prior to accident	
Location of Injury			
			
Victim Physical Condition		Fatal Synopsis	
<input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Ill <input type="checkbox"/> Other _____ <input type="checkbox"/> Handicapped		Drug : _____ BAC : _____ <input type="checkbox"/> Apparent	
Victim Cause of Death and Recovery Info			
<input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Hypothermia <input type="checkbox"/> Alcohol found <input type="checkbox"/> Trauma Location Body _____ Water Depth _____			

Diagram of the area is not provided due to the fact that Vessel #1 had been moved and slipped prior to our arrival. The area in which the accident occurred is documented within attached accident photos.



For the Boat Accident Diagram: Indicate the location of all damaged areas on the boat configuration in the diagram. Indicate if damage was only Below Waterline, Lower Unit, Windshield, Sunk, or Injured no Damage. Indicate Vessel A, B, or C in the diagram. On the vessel configuration, indicate the location of persons involved using "O" for Operator and "P" for Passenger (use the number of the passenger from the Vessel A, B, or C sections).

Synopsis of Accident

See Supplemental Narrative



Non-Vessel Property Damage

FILE COPY

Was there damage to property excluding the vessels and their contents? Yes No Estimated Amount \$ 3000.00

Describe Property Damage
 PWC docked on Vessel 3 TX 2494KA Sea Doo (damage to both sides)
 PWC 2 docked on Vessel 3 Unnumbered Polaris Genesis (damage to both sides)
 Underwater structures of Dam Site Marina (3 sections of tri truss)

Non Vessel Property Owner Information
 Last Name Vessel #3 owner and Rio Lago Inc First. M.I. Ph. #
 Street City State Zip

Violations

Vessel #	Violator's Name (Just check box if operator)	Statute or Regulation	Violation	Common Name of the Violation	Status	Citation Case #
1	<input checked="" type="checkbox"/> Operator	66-12-11 (a)	Prohibited Operation	<input checked="" type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input checked="" type="checkbox"/> Pending	00610151439
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No Action <input type="checkbox"/> Pending	

Officer Completing Report

Officer Signature <i>Chris Bolen</i>		Supervisor Signature <i>Harold P. Zuni</i>		Investigation Status <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Not Required <input type="checkbox"/> Preliminary	
Print Officer Name, Badge #, and Radio #					
Last Bolen		First Chris		M.I. W	
Badge # 384		Radio # Butte 24		Causes Based On <input checked="" type="checkbox"/> Investigation <input checked="" type="checkbox"/> Operator Report <input type="checkbox"/> Reviewer Interpretation	
Address 1 PO Box 13					
Address 2					
City Elephant Butte		State NM		Zip 87935 Ph # 575-744-5998	
Print Supervisor Name and Radio #					
Last Zuni		First Harold		M.I. P. Radio # Butte 2	
Investigative Time (Include total hours for reports, search & rescue, and investigation)					
Officer Hours 8	Supervisor Hours 2	Investigator Hours 1	Admin. Hours 2	Total Hours 13	Date Investigation Completed (MM/DD/YY) 9/9/2009
					Date Report Received (MM/DD/YY) 09/09/2009

Do Not Complete Below This Line – State Safety Review Only

Date Review Completed (MM/DD/YY) 09/09/2009

Federal Accident Classification (For Statistical Use)

<input checked="" type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Reportable _____
Primary Type Collision w/Vessel	Secondary Type	Tertiary Type	Primary Cause Operator Inattention
			Secondary Cause Operator Inexperience
			Tertiary Cause Sharp Turn
			Reviewed by T. Velasquez
			ID Badge # #372

9/9/2009

Supplemental Narrative

CASE # 2009-10-0094B

On Saturday September 5, 2009 at approximately 1715 hrs, MEO Kevin Wilcox and I were called by Sierra County Regional Dispatch Authority in reference to a vessel collision at the Dam Site Marina. We arrived at 1735, but were called away to an injury accident shortly after. At approximately 1830 hrs, we returned to Dam Site Marina to continue our investigation. Upon arrival MEO Wilcox and I met with several individuals that were either witnesses of the accident or owner's of vessels involved. I found that there were 3 vessels involved in the accident. Vessel #1 is an 81 foot houseboat that goes by the name of "Bloody Mary" and is owned by Mr. Leon Fay. Vessel # 2 is a 59 foot houseboat, owned by Mr. Carl Shaw. Vessel #3 is a 92 foot houseboat that goes by the name of "The Floating Irish", owned by Randy O'Leary.

I first made contact with Mr. Sam Camilli who was on his houseboat located in slip D-8 near the scene of the accident. Mr. Camilli stated that while he was sitting on the rear of his vessel, he heard yelling and a crash coming from the rear of the slip where he was moored. Mr. Camilli then felt and heard a loud impact in the slip next to his. Mr. Camilli said it seemed to shake the whole marina. When he went to the back of his vessel, he observed a vessel known to him as the "Bloody Mary" backing away from the vessel known to him as the "Floating Irish". Mr. Camilli states that it appeared that the Bloody Mary was heading back to its slip located east of the accident scene. Mr. Camilli saw Mr. Fay at the upper helm of the Bloody Mary while the vessel was backing away and returning to his slip. Mr. Camilli then noticed that the back of The Floating Irish had sustained damage as a result of the collision. Mr. Camilli did state that it was not like Mr. Fay to overshoot his slip which was 5 slips away to the east, from the impacted boat. Mr. Camilli provided me with a written statement and will be attached.

I next interviewed Ms. Cheri Rabon who stated that she was watching their children swim at the rear of their house boat located in slip D-5. Ms. Rabon stated that she observed, the Bloody Mary traveling close to C-dock, and then heard someone on the C-dock yell at the vessel "that they were going to hit." Ms. Rabon stated that the Bloody Mary struck a green PWC and the vessel it was tied to in slip C-30. The Bloody Mary then turned toward their direction and accelerated. Ms. Rabon started gathering her children out of the water, fearing the boat would hit her houseboat as well. Ms. Rabon then watched as the Bloody Mary collided with The Floating Irish that was docked next to her houseboat. Ms. Rabon saw Mr. Fay and another person described as a tall male with gray hair, at the upper helm of the Bloody Mary when it collided with The Floating Irish. Ms. Rabon provided me with a written statement.

Mr. Carl R. Shaw was interviewed next on his vessel located at C-30. Mr. Shaw stated that he watched the Bloody Mary enter the slip area about 10 feet away from the end of C-dock. As the Bloody Mary started to turn he yelled at the operator and owner to look out because he knew they (Bloody Mary) were going to hit his houseboat that was slipped at C-30. When he yelled, the Bloody Mary turned, increased speed, and struck the rear port side of his houseboat and a PWC that was tied to the rear of Mr. Shaw's vessel. Mr. Shaw saw Mr. Fay take over control of the helm from the operator shortly after the initial impact. The Bloody Mary then traveled across the slip area and struck the rear of The Floating

Irish. Mr. Shaw told me that they were creating a wake as it accelerated away from his houseboat and began heading towards the D-dock. Mr. Shaw provided me with a written statement. Several other members of the Shaw party relayed to me the same chain of events as reported by Mr. Shaw.

MEO Kevin Wilcox interviewed Mr. Leon C. Fay, the owner of The Bloody Mary. Mr. Fay stated that Mr. Brian Condit was driving his houseboat "Bloody Mary" into the slip. As Mr. Condit came in, he got too close to C-dock and people started yelling. Mr. Condit "gunned" the boat as it hit a houseboat on C-dock and his houseboat headed across the slip area towards D-dock. Mr. Fay took over the helm of his houseboat, but it was too late, his houseboat collided with the rear of a houseboat "The Floating Irish." Mr. Fay then regained control of his boat and returned it to his slip without further incident. There were no injuries reported on Mr. Fay's vessel, or additional damage to the interior. Mr. Fay provided MEO Wilcox with a written statement. Officer Wilcox asked Mr. Fay if he had been drinking alcohol that day. Mr. Fay stated that he had not been drinking alcohol and he did not show any signs of intoxication during the in person interview with Officer Wilcox.

Mr. Brian Condit contacted me on 9/7/09 and I took the following statement. Mr. Condit was driving the houseboat "Bloody Mary," attempting to enter the slip. As he started to turn, he tapped a boat with the rear of Mr. Fay's boat and yelled for Mr. Fay to come and take over. Mr. Fay took over the helm after the impact, and at some point the vessel accelerated. Mr. Fay was able to slip the boat after the impact. During the interview Mr. Condit provided me with a list of names of the passenger's aboard. I then asked Mr. Condit if he had been drinking alcohol that day. Mr. Condit stated that he had not been drinking alcohol and was not under the influence of alcohol prior to or during operation of Vessel #1.

I observed the following damage to Mr. Fay's vessel, The Bloody Mary. The front starboard railing and canvas was damaged with scratches to the metal railing and a hole in the canvas. The black rubber rub rail and surrounding metal had scratches and gouges for about 1 foot on either side of the starboard corner. The upper deck was damaged in the front starboard corner as well. The upper deck damage consisted of removal of the white gel coat and exposure of the fiberglass underneath in an area about 8" round on the corner. White paint chips and wood splinters were also observed on the carpet of the lower deck adjacent to the canvas area that was damaged. The seam in the hull under at the damaged corner had a 8" plastic transfer on it. The rear port area of the vessel had a 3' scratch and depression beneath the rub rail on the hull.

I observed the following damage to Mr. Carl Shaw's vessel, NM2143EC. There was a 6" scratch in the aluminum rub rail around the rear port corner. No other damage was noted or reported on this vessel. The Kawasaki PWC that was floating to the rear of Mr. Shaw's vessel had no observable damaged to it.

I observed the following damage to The Floating Irish. The rear of the top deck had an 8' area of damage in the middle of the deck where the end of the deck was pushed in and under the upper deck flooring. Areas under the damaged top deck were buckled from the crushing damage adjacent to the spiral stair case. The starboard PWC ramp had been damaged, and both PWCs were pushed to the port side. The PWCs received damage being pushed into each other. The port PWC pushed a rear gate into the refrigerated air condenser unit. A gate support between the PWCs was broke off. The strap

securing the starboard PWC was broken. A plastic coated hand rail on the starboard rear was bent inward. The port rear rub rail was pushed in adjacent to a marina support. The owners of this vessel were not present, any additional interior damage is unknown at this time.

The owners of Dam Site Marina reported to me that the underwater structures below D-dock were also damaged as a result of the impact. It is beyond my capabilities at this time to confirm this damage.

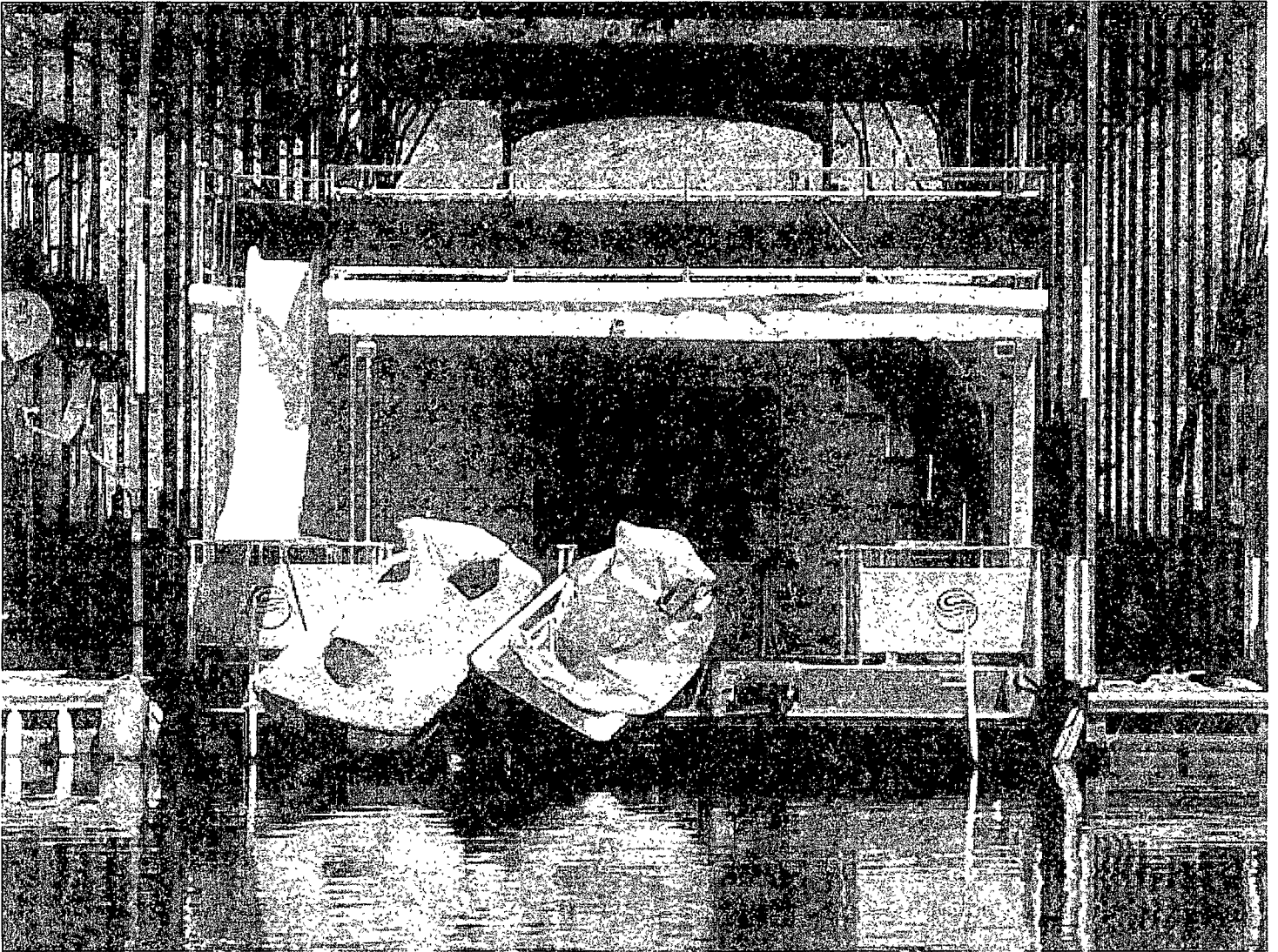
Based on the damage that I observed statements from the operators, and witness statements, Vessel #1 "Bloody Mary" struck the rear of Vessel #2 in slip C-30. This was done as the "Bloody Mary" was turning away from C-Dock. This impact caused the damage to the starboard rear of the "Bloody Mary." Once vessel #1 began to turn and the impact was realized, Mr. Condit accelerated the vessel #1 to get away from C-dock. Mr. Fay took over the controls, but was unable to prevent the vessel #1 "Bloody Mary" from impacting with vessel #3 "The Floating Irish", due to the speed Vessel #1 had, and the limited maneuvering area between C and D docks (160' approx). The two vessels did collide causing the noted damage to both vessel #1 and #2 and damage caused to the marina when Vessel #3 "The Floating Irish" was pushed into the side of its slip.

In conclusion, Mr. Brian Condit will be charged with 66-12-11 (A), Prohibited operation for operating a vessel in a negligent manner and damaging another person's property. On the morning of 09/09/2009 I mailed a citation to Mr. Condit by certified mail to the address that he provided during the interview. In addition, I filed the citation within the Sierra County Magistrate Court on 09/09/2009. A copy of this citation (#00610151439) is attached to this report.

End of report.

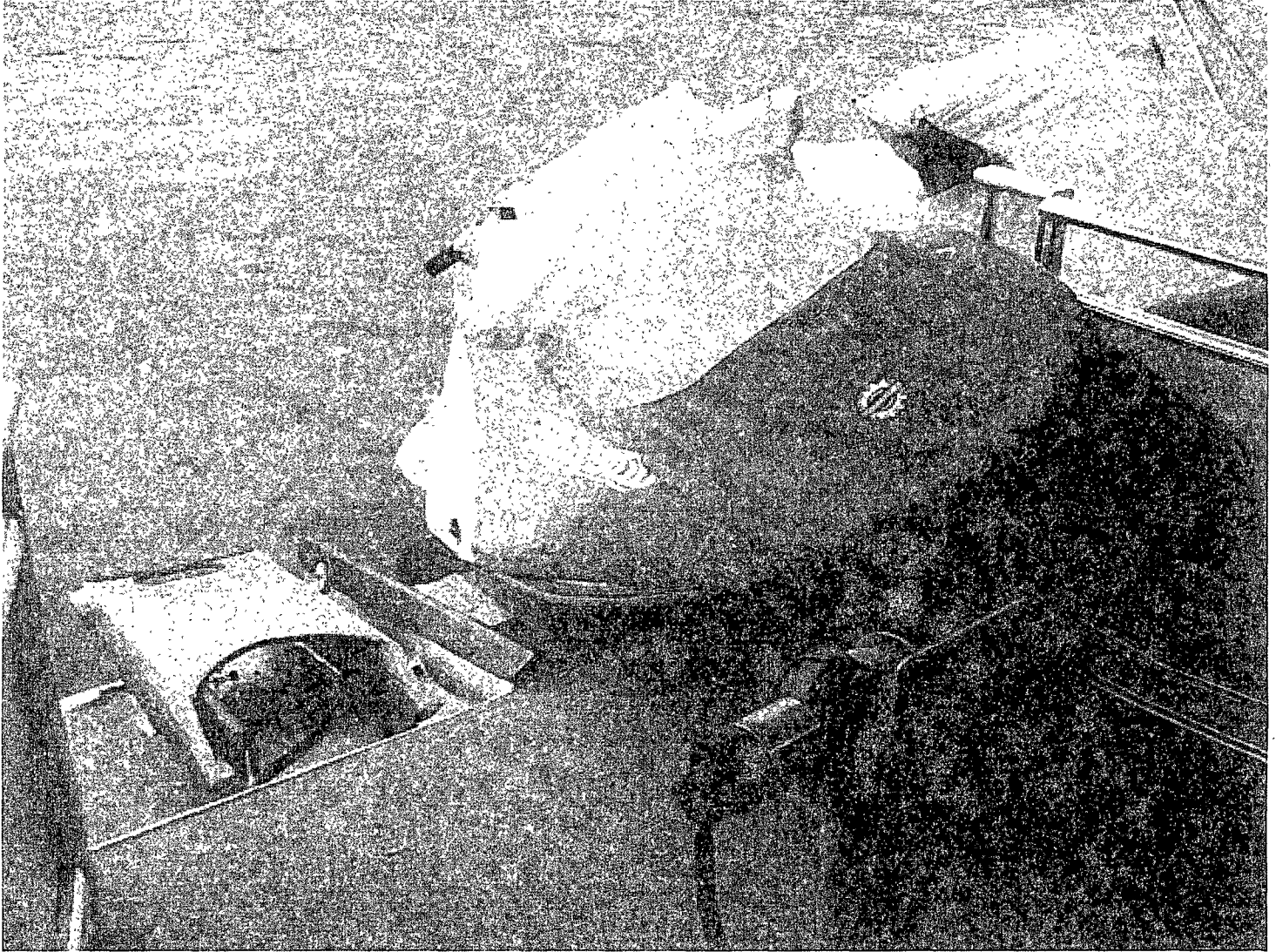


C-Dock looking towards D-dock

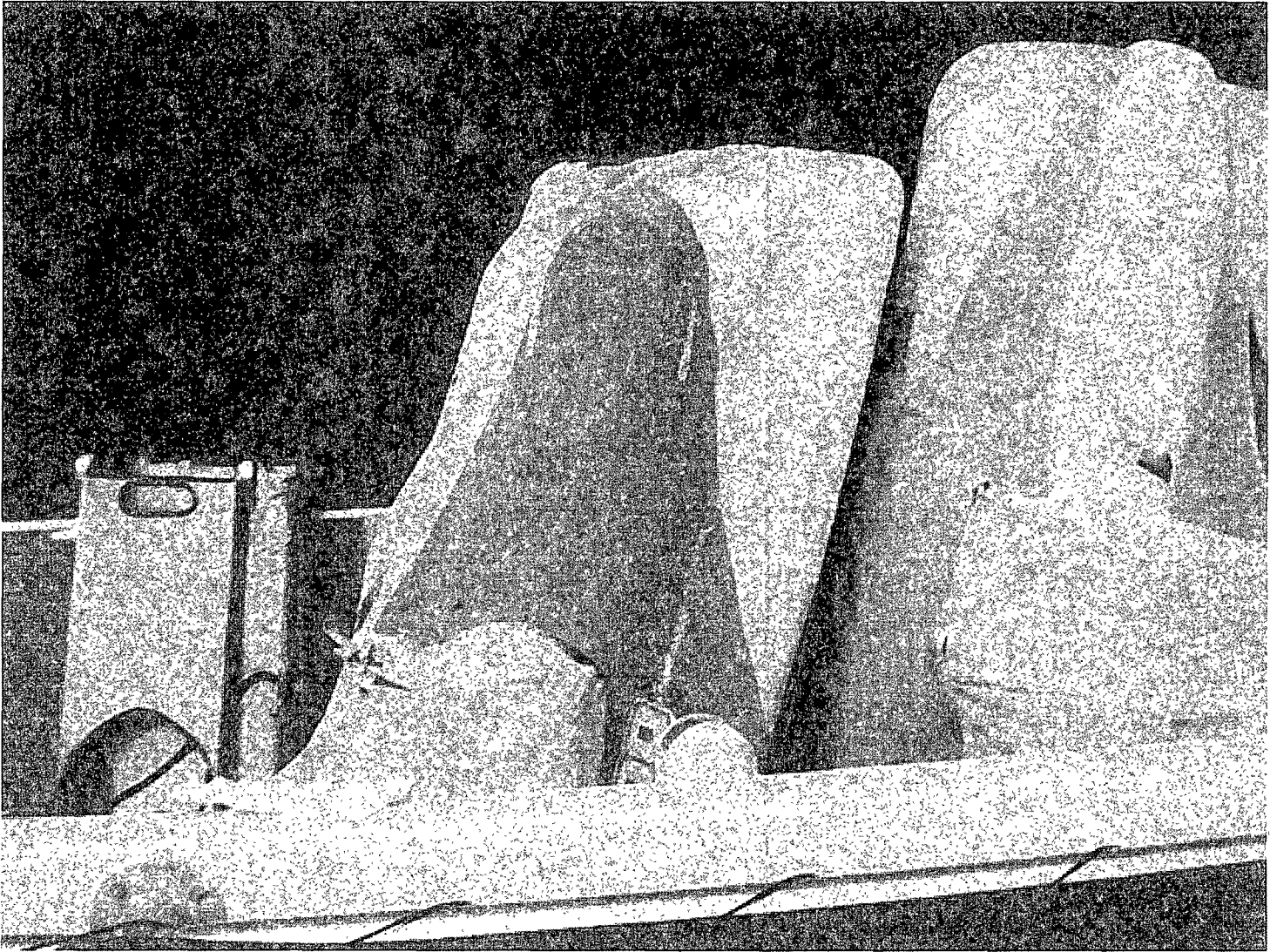


Rear of Vessel #3 The Floating Irish

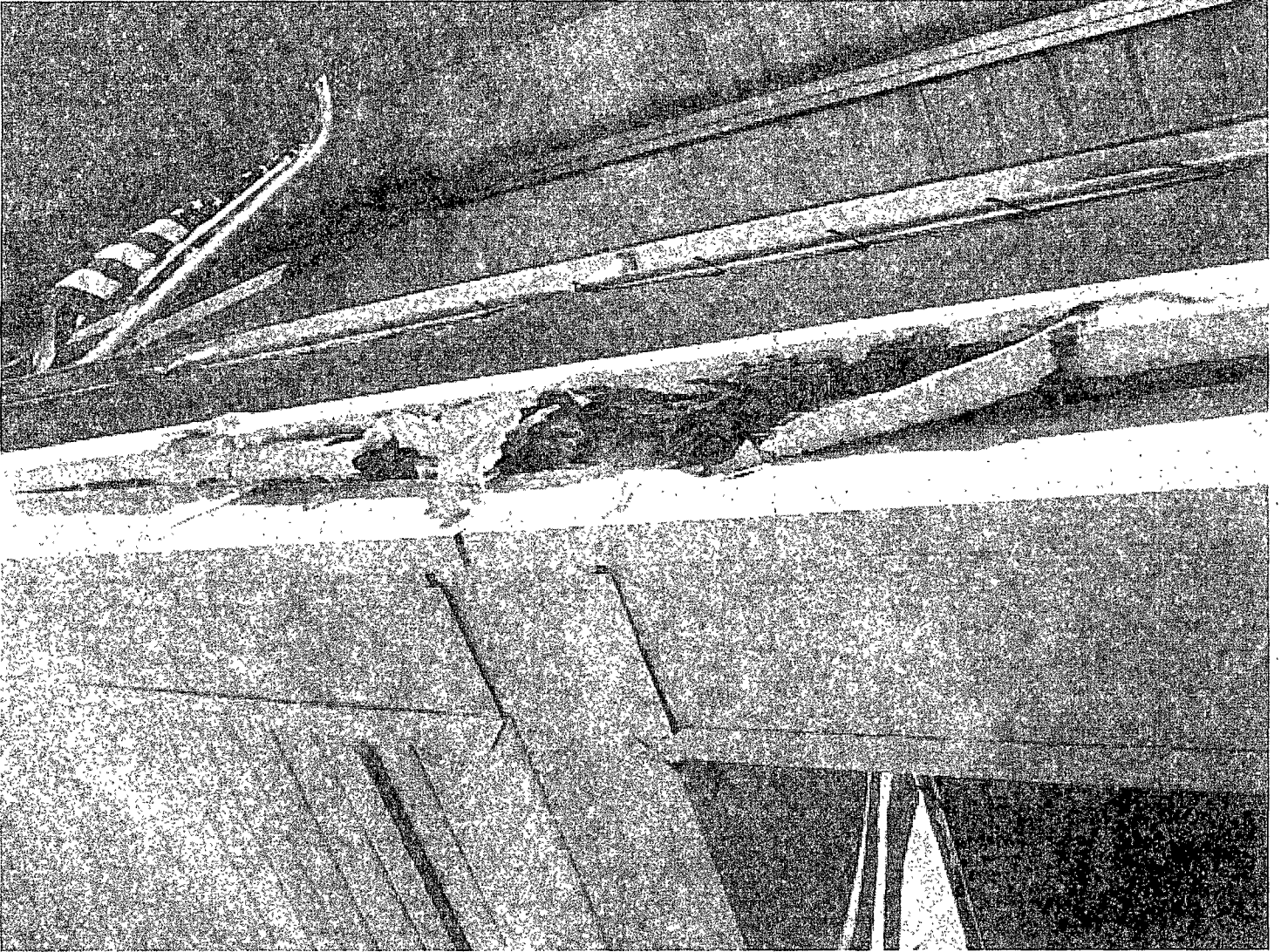
2009-10-0094B Photo Supplemental



Rear of Vessel #3 and PWC Dock

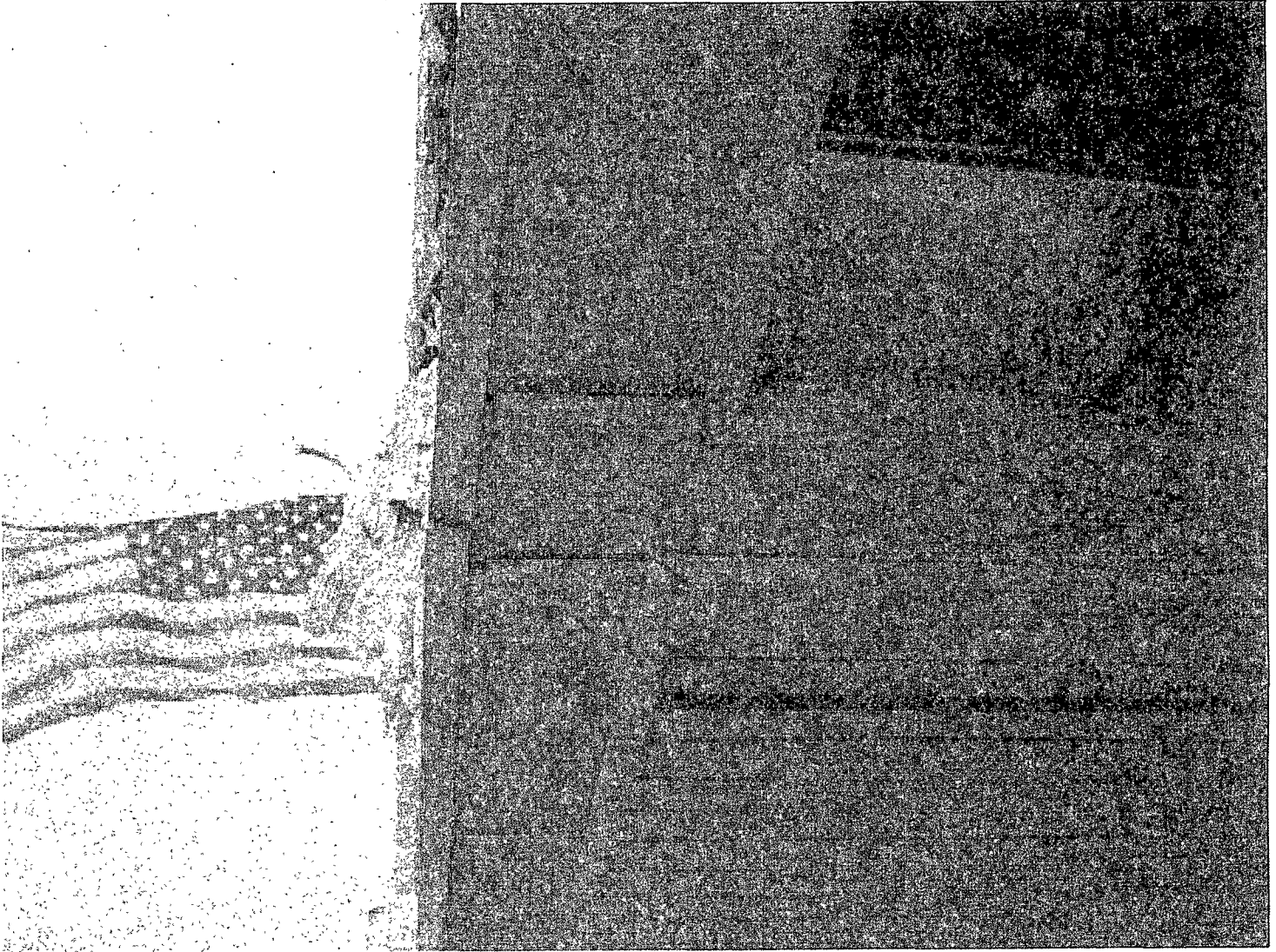


Vessel #3 PWC positions



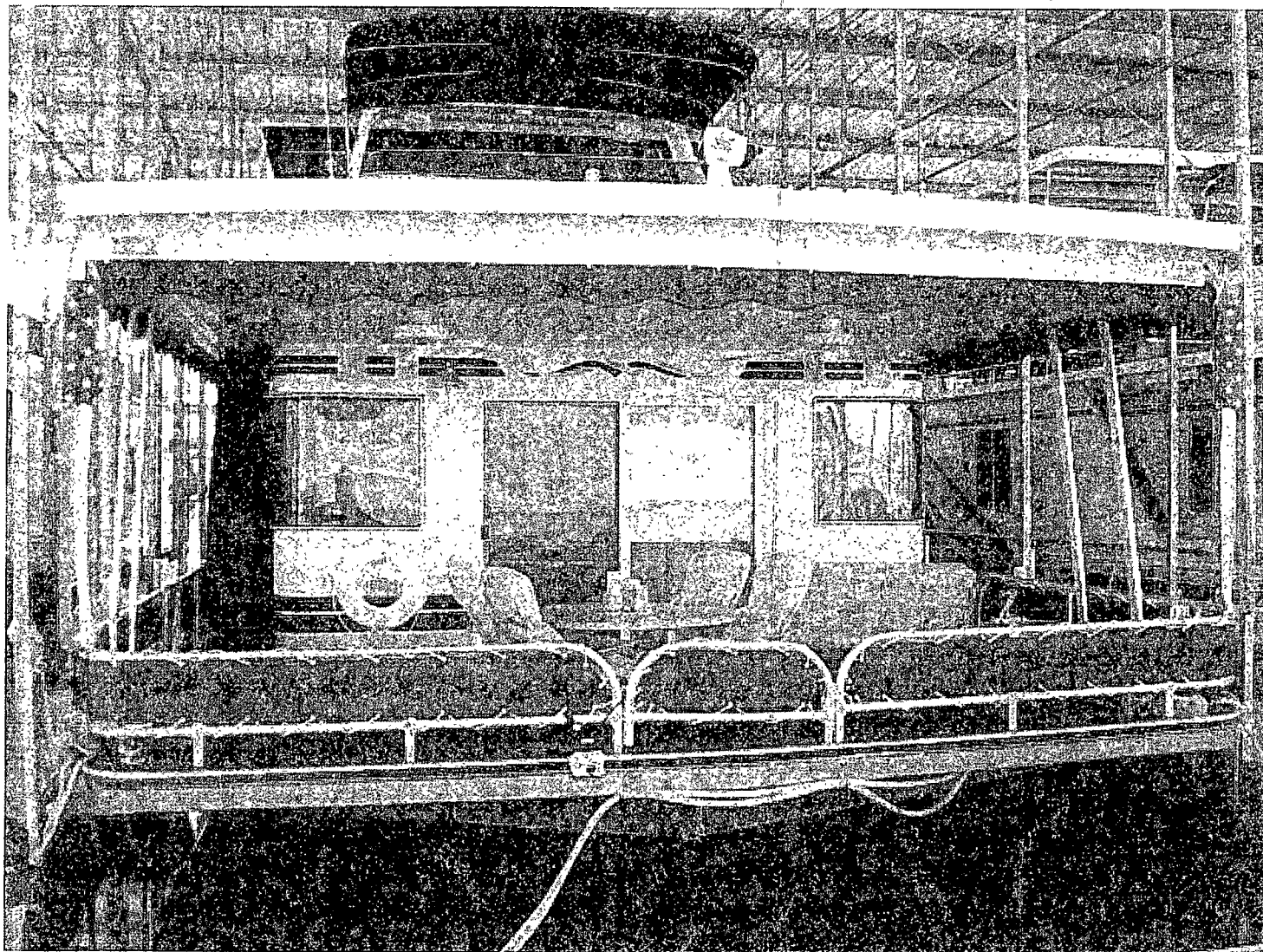
Vessel #3 upper deck damage

2009-10-0094B Photo Supplemental



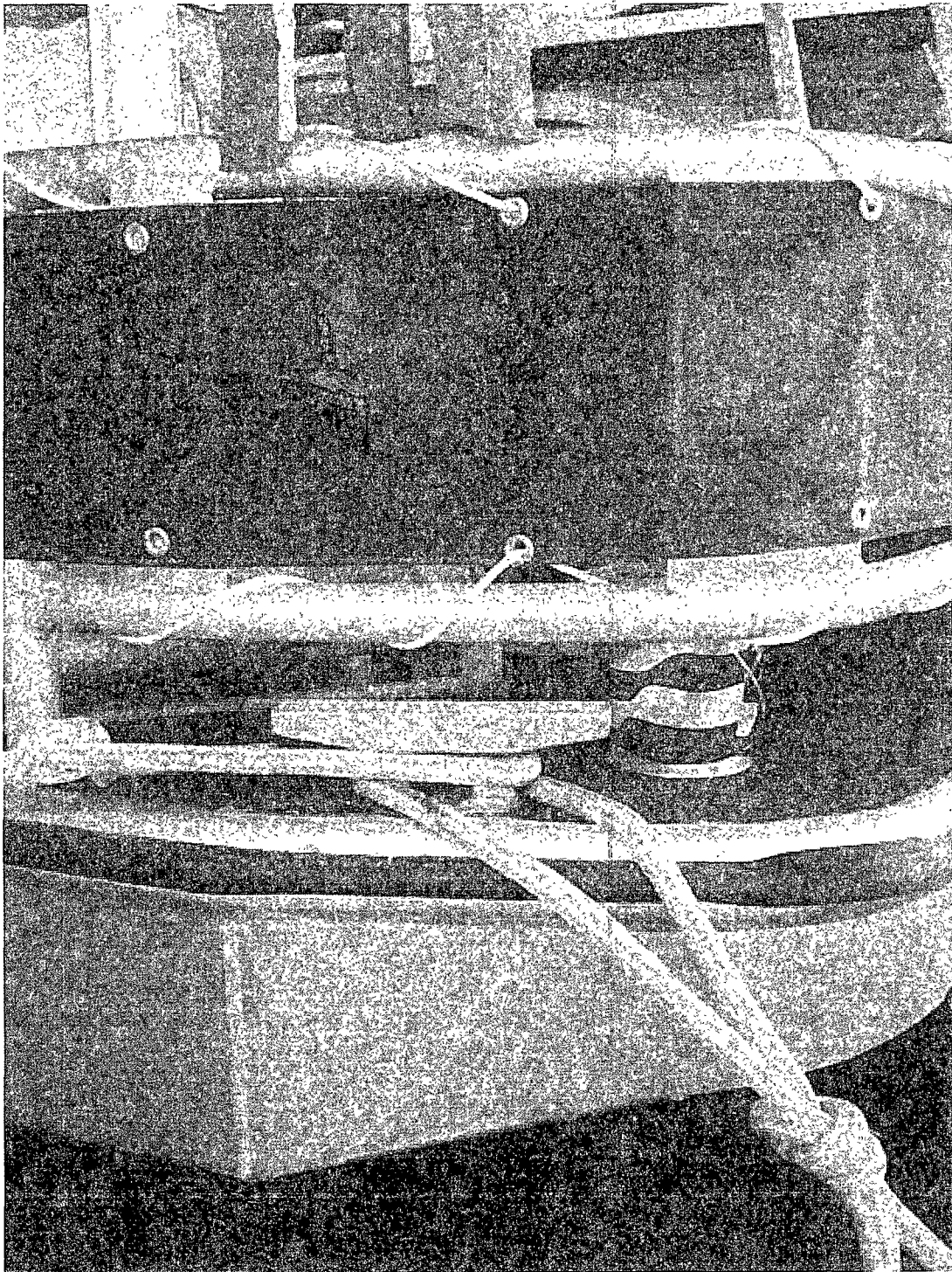
Vessel #3 upper deck damage

2009-10-0094B Photo Supplemental

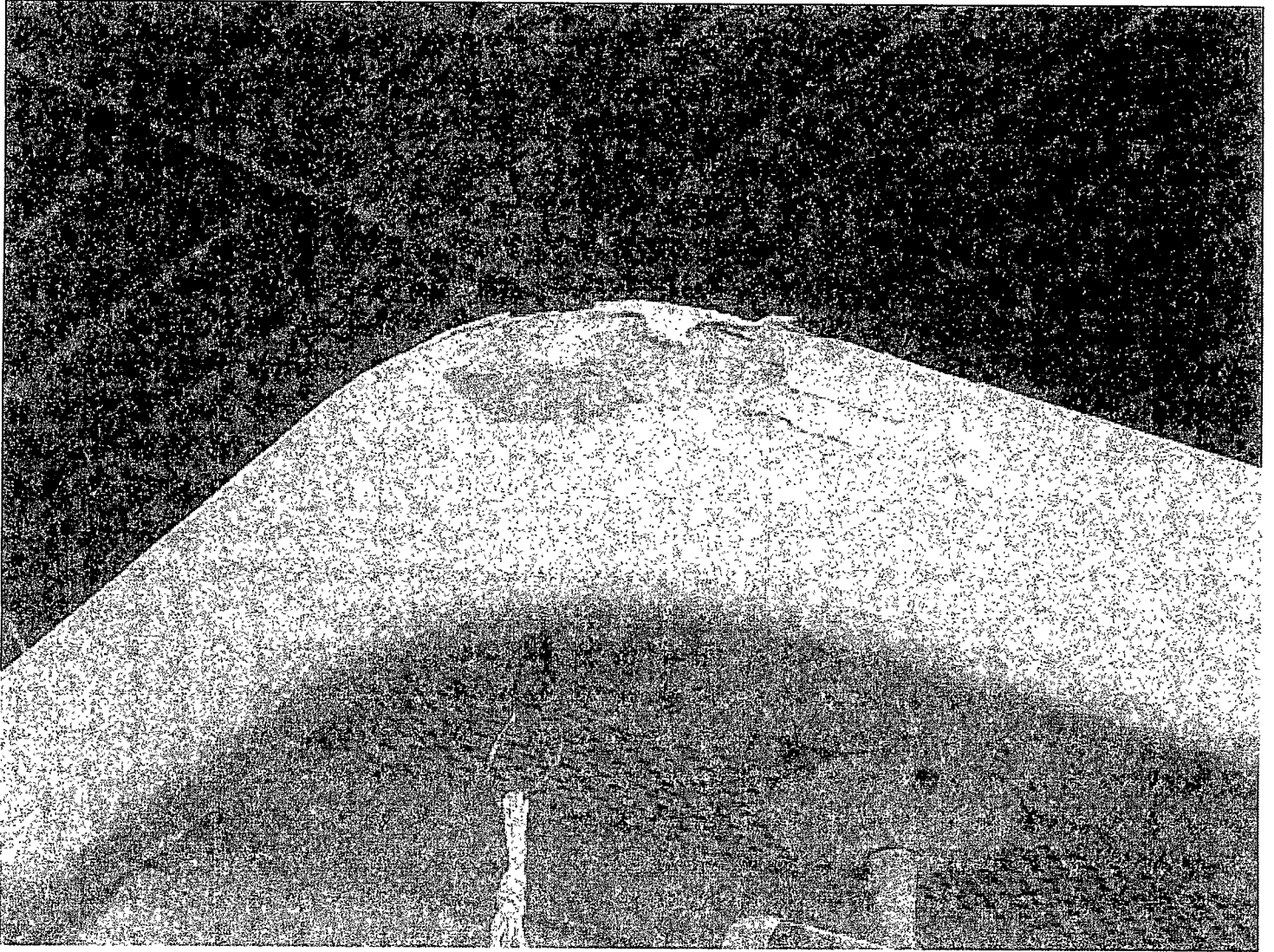


Front of Vessel #1 Bloody Mary

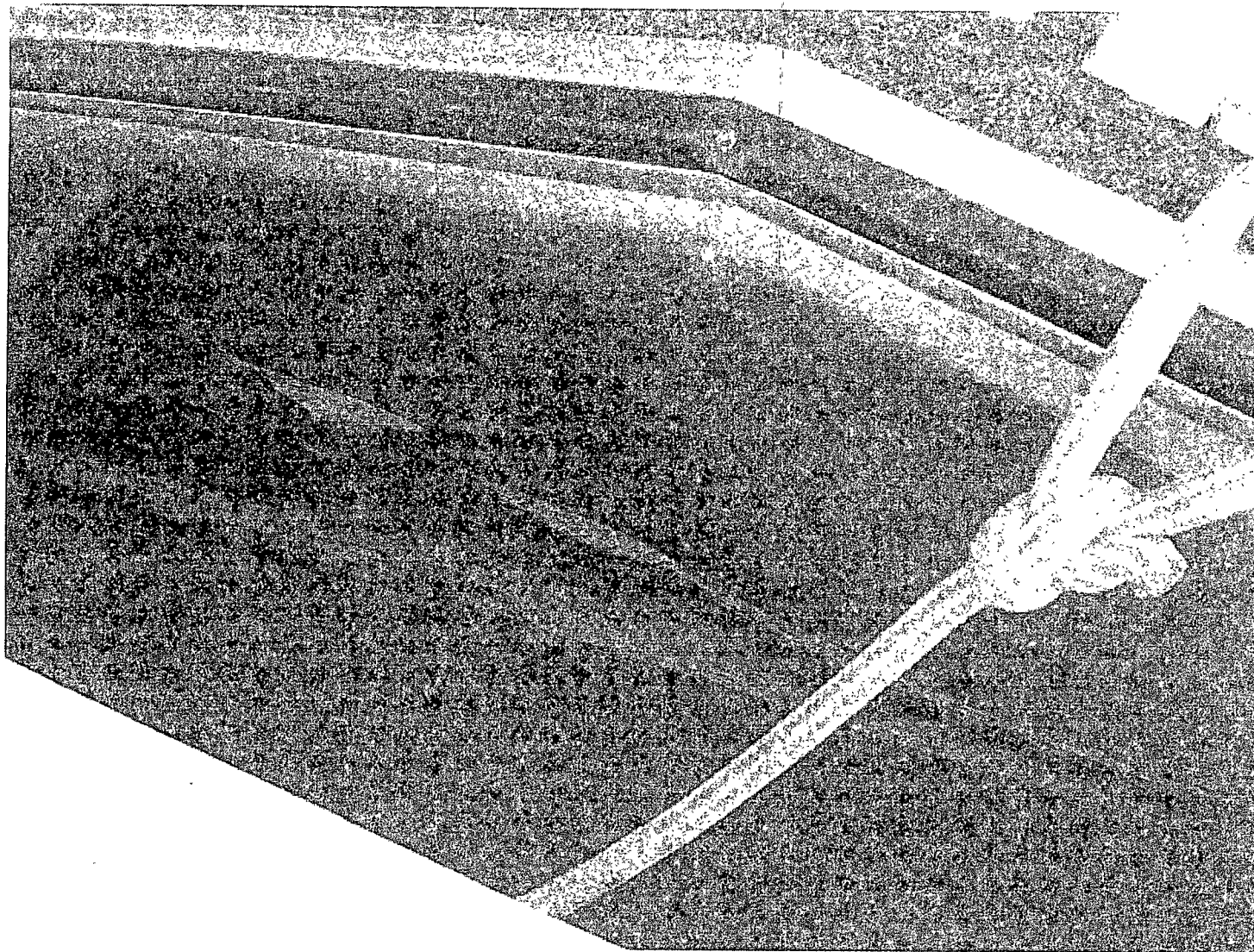
2009-10-0094B Photo Supplemental



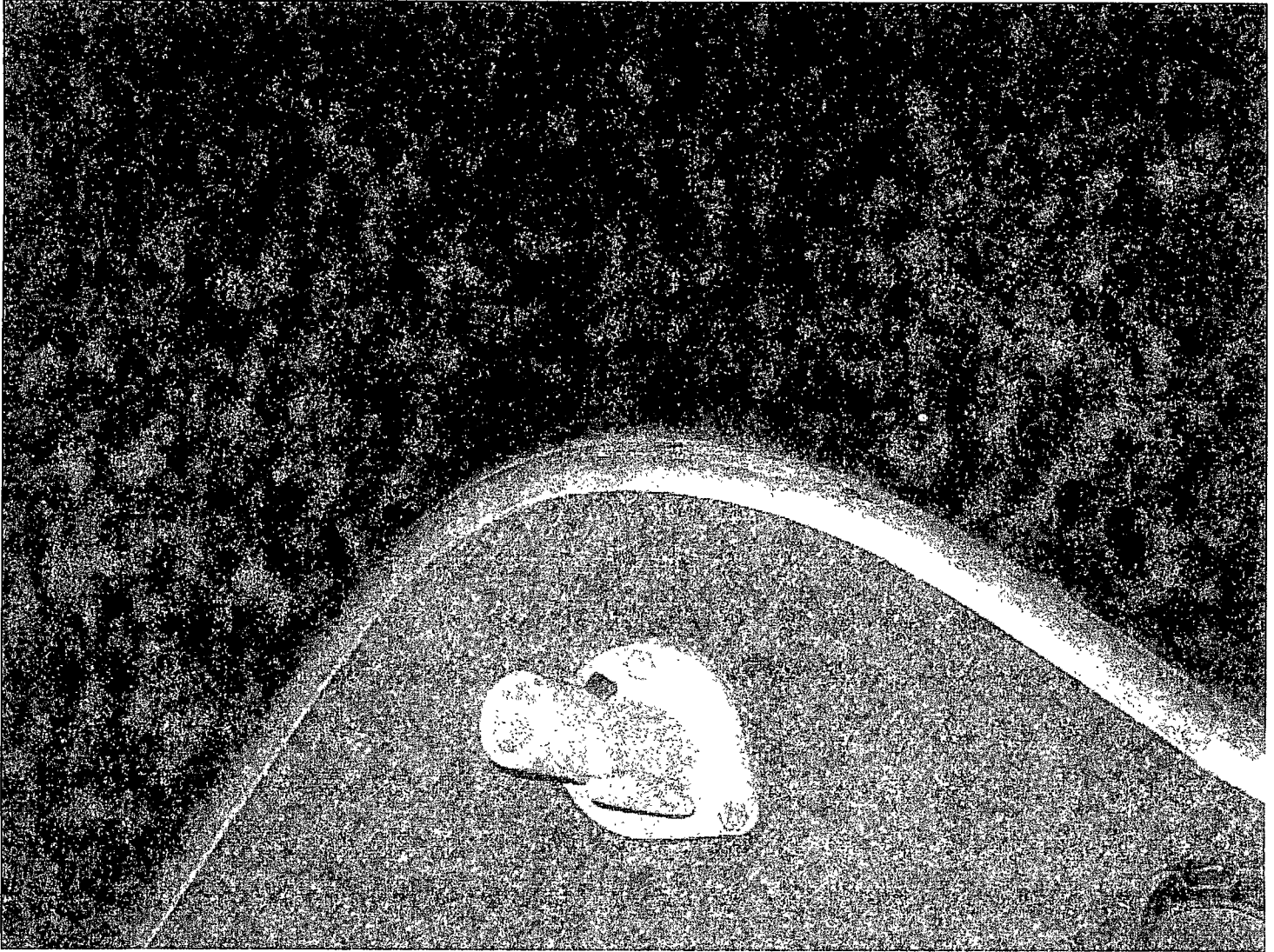
Vessel #1 Starboard front corner



Vessel #1 Upper deck Damage



Vessel #1 Port rear hull damage



Vessel #2 Port rear impact area



ENERGY, MINERALS &
NATURAL RESOURCES
STATE PARKS DIVISION

COUNTY CODE AGENCY CODE
21006

1015143 9

STATE OF NEW MEXICO
UNIFORM TRAFFIC CITATION

NAME (LAST) CONDIT

NAME (FIRST) BRIAN

ADDRESS 2649 Chelsea Lane Santa Fe NM 87505

DRIVER LICENSE NUMBER NM 027688888

DATE OF BIRTH 082455327500702M 6'3" 200 Brn

VEHICLE IDENTIFICATION NUMBER 1096664 NMO0 Houseboat Bloody Mary

TRAFFIC VIOLATION Y LP X E A B C Y X X N

ROAD LIGHT ACCIDENT LT HV X FG RN SN DS D W I S X DS DK X N

STATUTE 66-7-301 SPEEDING STATUTE 66-5-205 NO INSURANCE X STATUTE ORDINANCE

MPH IN A ZONE RH STATUTE 66-7-372 NO SEAT BELTS 66-12-11 A

IDENTIFICATION DISTRICT MILE POST 0905091715 384 3

LOCATION Dam Site Marina Dock

OFFICER'S PRINTED NAME Chris Bolen OFFICER'S SIGNATURE

ESSENTIAL FACTS Defendant did operate the vessel Bloody Mary in a manner that caused property damage to another vessel and structures Case # 2009-10-0094

PENALTY ASSESSMENT: I acknowledge my guilt of the offense charged and my options as explained to me by the officer. I agree to remit by mail the penalty assessment of \$ [] [] [] .00 OFFICER MAY NOT ACCEPT PAYMENT

TRAFFIC ARRAIGNMENT: You are hereby ordered to appear in METROPOLITAN COURT on [] 20 at [] AM/PM My failure to appear will result in the issuance of a warrant for my arrest, my license being suspended and I will be required to pay an additional \$100.00 warrant fee. I acknowledge receipt of this citation and without admitting guilt, I will appear as ordered.

COURT APPEARANCE: I acknowledge receipt of this notice and without admitting guilt agree to appear in [X] MAGISTRATE [] METRO [] MUNICIPAL or [] TRIBAL court. Address 155 W. Barber St. Torc NM 87901 (894-7051) on (or by) October 6th, Tuesday, 20 09 at 830 PM

WARNING NOTICE: I acknowledge receipt of this notice and agree that a violation of the law has been committed. No further action is required. X Mailed via certified letter 9/8/09 Agree to the above marked determination. Signature

006 1015143 9



VOLUNTARY STATEMENT

C-30

I (print full name) CARL R SHAW choose to voluntarily write a statement concerning the following matter.

Carl Shaw Signature 9/5/09 Date 2000 Time

[Signature] Receiving Officer Signature 9/5/09 Date 2000 Time

On (date) 9/5, 2009 at approximately (time) _____ the following happened:

I witnessed a houseboat entering the marina toward our boat approximately 10ft away and beginning to turn into their slip. We yelled knowing that the approaching houseboat being 100 ft long would not be able to turn without hitting us. So we yelled the driver of the houseboat increased the power and initiated a turn into their slip. The left rear of the incoming houseboat struck our boat and proceeded across the marina striking a houseboat.

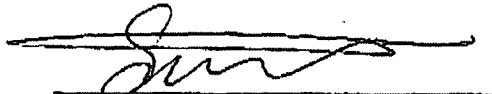
NM 2143 EC
Shaw's Sk:
C-30



VOLUNTARY STATEMENT

D-8

I (print full name) SAM CAMILLI choose to voluntarily write a statement concerning the following matter.


Signature

09/4⁵/09
Date

7:15 pm
Time


Receiving Officer Signature

9/5/09
Date

7:20 pm
Time

On (date) 09/4/09, 2009 at approximately (time) 7:15 pm the following happened:

I WAS SITTING TOWARDS THE BACK END OF MY PARENTS BOAT (MOELISHIOUS) AND SAW THE OTHER BOAT HEADING IN. SOON AFTER I HEARD A LOUD SLAMMING NOISE / THUD. AT THAT POINT I SPRINTED BACK TO SEE ~~WHAT THAT BOAT~~ WHOEVER WAS PILOTING THE RED SUMMERSET HOUSEBOAT HAD COLLIDED WITH THE REAR END OF ANDY & BANDY O'LEARYS BOAT & TWO JET-SKIS ON THE REAR. I LOOKED UP TO SEE WHO WAS IN FACT DRIVING THE BOAT ~~AND THAT~~ COLLIDED W/ O'LEARYS BOAT AND NOTICED THE OWNER SLIP DRIVING AT THE HEAVY (STEERING WHEEL ON RUDE), I DID NOT HOWEVER SEE WHO WAS INSIDE AT THE HEAVY ON THE LOWER FLOOR. I BELIEVE THAT SOMEONE ELSE OTHER THAN SLIP WAS DRIVING, DUE TO THE FACT THAT THEY MISSED SLIPS SLIP BY 5 22' WIDE SLIPS, WHICH SLIP WOULD MOST LIKELY NOT LET HAPPEN IF HE WAS DRIVING.



VOLUNTARY STATEMENT

D.5

P-1 of 2

I (print full name) Cheri Rabou choose to voluntarily write a statement concerning the following matter.

Cheri Rabou
Signature

9-5-09
Date

1905
Time

[Signature]
Receiving Officer Signature

9-5-09
Date

1935
Time

575-430-7709

On (date) 9-5, 2009 at approximately (time) 4:30? the following happened:

We were sitting on our pontoon boat watching my grandkids & niece slide off the slide swimming in our slip. We saw the Fayes boat coming into the canal to park in their slip. They over shot their slip & tried to turn - got too close to the other side of the canal (Dock C), turned North & clipped a green jet ski & possibly the slide on one boat. It appeared the driver tried to turn further North to correct & go out of the canal but instead headed directly toward D Dock space 6, toward us. We immediately got our kids out of the water & at that time saw the boat hit the O'Learys boat & jet ski. The Fayes ~~boat~~ boat was going very fast toward us prior to hitting the O'Learys boat.

The hit moved the dock several feet toward us. They backed up + then proceeded in parking their boat in their slip.