



OKALOOSA CO SHERIFF'S OFFICE  
SHERIFF EDWARD M. SPOONER

Warrant Served Service Return OKALOOSA CO SHERIFF'S OFFICE

[ SUSPECT ]

Name: Kennedy, Augusta Frederick Race: W Sex: M Height: 5'10" Weight: 190 Hair: BRO Eyes: BRO DOB: 09/29/1961  
MNI #: OCSO00MNI025160 SSN: 452-21-7160 ID #: K530-006-613490 State: FL Type: ID  
Address: 4000 GULF TERRACE DR DESTIN FL 32541 OCA/Agency ID: ~~158060~~ 176011  
Birth Location: City: County: State: TX Nation: US Citizenship: US

Occupations

Business: CARPET FINDERS Title: INSTALLER Phone: Entered: 09/20/2005  
Address:

Business: DAVID FOLLETT CO. Title: INSTALLER Phone: Entered: 06/30/2004  
Address:

Business: DAVID FOLLETT Title: CARPET LAYER Phone: (850)974-7951 Entered: 06/11/2004  
Address:

Business: ACOUSTIC ENGINEERING Title: INSTALLER Phone: Entered: 08/08/2003  
Address:

Business: DAVID FOLLETT INSTALLATION Title: FLOORING CONTRACTOR Phone: Entered: 11/2/04  
Address:

Business: YEATS CONSTR Title: CONSTRUCTION Phone: Entered: 10/11/2002  
Address:

Business: SIMPLER CARPETS Title: SALES Phone: (850)678-7925 Entered: 03/19/2002  
Address:

Aliases

Street Names

KENNY, AUGUSTA FREDRICK 09/21/1961

KENNEDY, GUS

09/29/1961

09/25/1961

KENNEDY, AGUSTA 03/24/1961

REMOVED FROM COMPUTER

12-09-09

#332

Arrest No	Jail Booking No	Offense No	Other No	OBTS	Court Case No
OCSO09ARR014636					FWNW-09-8203

[ INCIDENT INFORMATION ]

Occurred Date Range: 11/25/2009 to Lat/Long:  
Address: GEO: - - -

[ CHARGES ]

Charge #	Charge	Charge Desc	Counts	Level	Degree	GOC	UCRC	NCIC	AON	Bond Amt
327.33.3a	PUBLIC ORDER CRIMES	VIOLATE NAVIGATION RULES RESULT IN ACCIDENT	5	Misdem.	Second		9000		7399	
327.35.	HOMICIDE-NEGLIG MANSL	BOATING UNDER THE INFLUENCE	3	Felony	Second		9000		910	
327.35.	PUBLIC ORDER CRIMES	BUY AND DAMAGE PROPERTY OR PERSON	1	Misdem.	First		9000		7399	

Bond Set by LEO at Time of Arrest & Booking: \$ 0.00 ( )None ( )ROR ( )Cash ( )PRO

Bond Set by Judge: \$ 0.00 (X)None ( )Cash ( )ROR/Sign ( )PTR ( )Any ( )Pro ( )PriQ ( )Purge NONE ( )JC NONE

Return Court: CIRCUIT COURT: FELONY Date: 01/19/2009 Time: 13:30 Instructions: CRESTVIEW COURTHOUSE

Warrant Served

Service Return

OKALOOSA CO SHERIFF'S OFFICE

Reporting Officer

Unit

Orig Off Jur

Forward to for Approval

FWC

[ WEAPONS ]

[ ARREST INFORMATION ]

Arrested

12/09/2009 17:52

Residency

Within Jurisdiction

Injury

None

Extent of Injury

Resist

No

Alcohol

No

Drugs

No

Arrested Prior

No

Arrest Jurisdiction

Within Jurisdiction

Location: 1250 EGLIN PARKWAY shalmar FL 32547

Lat/Long: /

Arresting Officer

252 Parkton, Brian M

Unit

OCSO/FSV/DESTIN/COMMPOL

Officer Type

Geo

Physical Evidence: NO PHYSICAL EVIDENCE LISTED

  
Signature (Arresting Officer)

PARKTON, BRIAN M

Name

252

ID/SSN

Subscribed and sworn to (or affirmed) before me this 9th day of December A.D., 2009 by \_\_\_\_\_  
who is personally known to me or has produced \_\_\_\_\_ as identification.

Signature \_\_\_\_\_ Notary Public \_\_\_\_\_ LEO \_\_\_\_\_ CO

Commission No: \_\_\_\_\_ My commission expires: \_\_\_\_\_

# OKALOOSA COUNTY SHERIFF'S OFFICE ARREST REPORT

CASE NUMBER <b>FWNW090FF6203</b>				AGENCY OR NUMBER <b>4000000</b>				OR ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>				
FULL NAME (Last, First, Middle) <b>KENNEDY AUGUSTA FREDERICK</b>				DRIVER'S LICENSE NO. & STATE <b>K530-006-61-3779 FL</b>				SEX / RACE <b>MW</b>		DATE OF BIRTH <b>09 29 1961</b>		AGE <b>48</b>
ADDRESS (STREET, APT. NUMBER) <b>4000 GULF TERRACE DR. APT. 247</b>				BOE SEC. NO. <b>452 - 21 - 7160</b>		HEIGHT <b>5'11"</b>		WEIGHT <b>175</b>		COLOR OF EYES <b>BRO</b>		COLOR OF HAIR <b>BRO</b>
PERMANENT ADDRESS (IF APPLICABLE) <b>DESTIN FLORIDA 32541</b>				PHONE <b>687-7402</b>				STATE OF BIRTH <b>TX</b>		CITY/STATE <b>US</b>		OCCUPATION <b>Self Employed</b>
SCARS, MARKS, TATTOOS, UNUSUAL PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION)												
NAME OF PARENTS / GUARDIAN (IF APPLICABLE)				ADDRESS				PHONE NUMBER				
NOTIFIED BY (NAME)				DATE		TIME (MIL)		A/VEHICLE DISPOSITION 1. Handled / Processed within Dept. and Released 2. Towed over to DOJ 3. Impounded (County Jail)				
RELEASED TO		RELATIONSHIP		DATE		TIME (MIL)		Signature of Detainee / Parents & Police in Custody				
COURT INFORMATION <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> FELONY TRAFFIC <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> MISDEMEANOR TRAFFIC				COURT DATE		COURT TIME		COURT LOCATION				
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PW <input type="checkbox"/> BPS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 1		BOND TYPE CHARGE 1
<b>BUI MANSLAUGHTER</b>				<b>32735</b>		<b>3c3a</b>				<b>\$</b>		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PW <input type="checkbox"/> BPS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 2		BOND TYPE CHARGE 2
<b>BUI MANSLAUGHTER</b>				<b>32735</b>		<b>3c3a</b>				<b>\$</b>		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PW <input type="checkbox"/> BPS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 3		BOND TYPE CHARGE 3
<b>BUI MANSLAUGHTER</b>				<b>32735</b>		<b>3c3a</b>				<b>\$</b>		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPIAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PW <input type="checkbox"/> BPS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 4		BOND TYPE CHARGE 4
<b>Boating Under the Influence</b>				<b>32735</b>		<b>2b3</b>				<b>\$</b>		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER
HOLD FOR FIRST APPEARANCE DO NOT BOND OUT REASON				<input type="checkbox"/> HOLD FOR OTHER AGENCY AGENCY <b>FWCC</b> VERIFICATION				RELEASE DATE		RELEASE TIME		RELEASING OFFICER
PLACE OF ARREST				ZONE		DATE		TIME (MIL)		LOCATION OF INCIDENT		ZONE
WEAPON SEIZED / TYPE 01. Not Applicable 02. Handgun 03. Rifle 04. Shotgun 05. Other Firearm 06. Knife/Cutting Instrument 07. Blunt Object 08. Pyrotech 09. Explosive 10. Fire/Incendiary 11. Simulated Weapon				DRUG ACTIVITY 01. Not Applicable 02. Cocaine 03. Heroin 04. Marijuana/Cannabis 05. Prescription 06. Synthetic 07. Other				DRUG TYPE 01. Not Applicable 02. Amphetamine 03. Barbiturate 04. Cocaine 05. Heroin 06. Marijuana 07. Other				
RESIDENCE TYPE 1. City 2. County 3. Florida 4. Out of State				INFLUENCE DRUG 1. Yes 2. No 3. Unknown		INFLUENCE ALCOHOL 1. Yes 2. No 3. Unknown		NUMBER CLEARED				
COMPLAINANT <b>INV. EDDIE J GARIN</b>				ADDRESS <b>1101 E. GREGORY ST. PENACOLA, FL 32502</b>				PHONE <b>850-595 8905</b>				
PROBABLE CAUSE (See Remarks) The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named individual is in violation of law. (List laws, include Name of Subsection)												
<b>SEE ATTACHED NARRATIVE</b>												
<b>NOV 25 2009</b>												
<b>Okaloosa County Sheriff's Office</b>												
I swear that the above statement is correct and true to the best of my knowledge and belief.				Sworn to and subscribed before me, the undersigned authority this DATE <b>NOV. 15</b> 20 <b>09</b> Name/Title of Person Authorized to Administer Oath <b>Chatter L. Lee / DS 122/599</b> Full Time Law Enforcement Officer ID No.				The Court reviewed this advisory and finds that there <input checked="" type="checkbox"/> is no probable cause to hold and bind over the defendant for trial.				
<b>INV. Eddie J Garin 0030</b> Officer / Complainant Signature				<b>Chatter L. Lee / DS 122/599</b> Full Time Law Enforcement Officer ID No.				<b>JIM Ward</b> Judge's Name <b>JIM W</b> Judge's Signature <b>11/23/09</b> Date				
<b>INV. EDDIE J GARIN 0030</b> Officer / Complainant ID No.				Page <b>01</b> of <b>03</b>								
OBTs NO. <b>4601075165</b>		OCA NUMBER <b>1766</b>		ENTERED NCIC		FCIC						

# OKALOOSA COUNTY SHERIFF'S OFFICE ARREST REPORT

CASE NUMBER <b>F W N W 0 9 0 F F 8 2 0 3</b>				AGENCY OR NUMBER <b>FL 4 0 0 0 0 0</b>				ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>					
FULL NAME (Last, First, Middle) <b>KENNEDY, AUGUSTA, FREDERICK</b>				DRIVER'S LICENSE NO. & STATE <b>MS30-006-61-3490 FL</b>				SEX / RACE <b>M / W</b>		DATE OF BIRTH <b>09 29 19 61 48</b>			
ADDRESS (STREET, APT. NUMBER) <b>4000 GULF TERRACE DR APT 247</b>				HEIGHT / WEIGHT <b>5'11" / 175</b>				COLOR OF EYES <b>BRN</b>		COLOR OF HAIR <b>BRN</b>			
PERMANENT ADDRESS (IF APPLICABLE) <b>DESTIN, FL 32541</b>				PHONE NUMBER <b>850-682-7402</b>				STATE OF BIRTH <b>TX</b>		CITY/STATE <b>US</b>			
SCARS, MARKS, TATTOOS, UNUSUAL PHYSICAL FEATURES (LOCATION, TYPE, OR DESCRIPTION)				OCCUPATION <b>SELF EMPLOYED</b>				PLACE OF EMPLOYMENT					
NAME OF PARENTS / GUARDIAN (IF APPLICABLE)				ADDRESS				PHONE NUMBER					
NOTIFIED BY (NAME)				DATE		TIME (MIL)		ARREST DISPOSITION 1. Misdemeanor / Felony - with Dept. and Released 2. Transported to Jail 3. Inmate (County Jail)					
RELEASED TO		RELATIONSHIP		DATE		TIME (MIL)		Signature of Defendant / Juvenile & Parent or Guardian					
COURT INFORMATION <input type="checkbox"/> FELONY <input type="checkbox"/> Misdemeanor <input type="checkbox"/> FELONY TRAFFIC <input type="checkbox"/> Misdemeanor TRAFFIC				COURT DATE		COURT TIME		COURT LOCATION					
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AN PU <input checked="" type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 1		BOND TYPE CHARGE 1	
<b>NAVIGATION RULE - RULE # 5</b>				<b>3 2 7 3 3</b>		<b>3 A</b>				\$		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER	
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AN PU <input type="checkbox"/> ORS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 2		BOND TYPE CHARGE 2	
<b>NAVIGATION RULE - RULE # 6</b>				<b>3 2 7 3 3</b>		<b>3 A</b>				\$		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER	
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AN PU <input type="checkbox"/> ORS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 3		BOND TYPE CHARGE 3	
<b>NAVIGATION RULE - RULE # 14</b>				<b>3 2 7 3 3</b>		<b>3 A</b>				\$		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER	
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AN PU <input type="checkbox"/> ORS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 4		BOND TYPE CHARGE 4	
<b>NAVIGATION RULE - RULE # 8</b>				<b>3 2 7 3 3</b>		<b>3 A</b>				\$		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER	
HOLD FOR FIRST APPEARANCE DO NOT BOND-OUT REASON				<input type="checkbox"/> HOLD FOR OTHER AGENCY				RELEASE DATE		RELEASE TIME		RELEASING OFFICER	
PLACE OF ARREST				ZONE		DATE		TIME (MIL)		LOCATION OF INCIDENT		ZONE	
WEAPON SEIZURE / TYPE				DRUG ACTIVITY				DRUG TYPE					
01. Not Applicable 02. Shotgun 03. Handgun 04. Other Firearm 05. Knife/Cutting Instrument 06. Stun Gun 07. Poison 08. Explosive 09. Pyrotechnic 10. Stun Gun/Volcano				N-Not Applicable S-Short K-Cocaine/Crack M-Marijuana/Powder/Crack P-Potential S-Substance T-Traffic D-Dealer C-Cash				N-Not Applicable A-Addictive S-Substance C-Cocaine S-Substance M-Marijuana U-Unknown O-Other M-Marijuana O-Other P-Potential S-Substance U-Unknown O-Other					
RESIDENCE TYPE 1. City 2. County 3. Prison 4. Out of State				INFLUENCE DRUG 1. Yes 2. No 3. Unknown		INFLUENCE ALCOHOL 1. Yes 2. No 3. Unknown		HEARER CLEARED		COMPLAINANT <b>MR. EDDIE J. GATLIN</b> ADDRESS: <b>1101 E. GREGORY ST. PENACOLA, FL 32502</b> PHONE: <b>850 595 8905</b>			
I swear that the above statement is correct and true to the best of my knowledge and belief. Sworn to and subscribed before me, the undersigned authority this DATE <b>Nov. 15</b> 20 <b>09</b> Name/Title of Person Authorized to Administer <b>Chet R. Lee P/S 122/599</b> Full Time Law Enforcement Officer ID No. Page <b>02</b> of <b>03</b>													
The Court reviewed this advisory and finds that there <input checked="" type="checkbox"/> is no probable cause to hold and bind over the defendant for trial. Judge's Name <b>Chet R. Lee</b> Judge's Signature <b>Chet R. Lee</b> Date <b>11/23/09</b>													
OBT NO. <b>146011075165</b>				OCA NUMBER <b>11766114</b>				ENTERED NCIC		FCIC			

SEE ATTACHED NARRATIVE

# OKALOOSA COUNTY SHERIFF'S OFFICE ARREST REPORT

CASE NUMBER <b>F W N W 0 9 0 F F 8 2 0 3</b>				AGENCY OR NUMBER FLA 4 0 0 0 0 0				ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>							
FULL NAME (LAST, FIRST, MIDDLE) <b>KENNEDY, AUGUSTA, FREDERICK</b>				DRIVER'S LICENSE NO. & STATE <b>K530-006-61-3446 04/10</b>				SEX / RACE <b>M / W</b>		DATE OF BIRTH <b>09/29/1961</b>		AGE <b>48</b>			
ADDRESS (COURT, APT. NUMBER) <b>4000 GULE TERRACE NR APT 242</b>				SOC. SEC. NO. <b>452-21-7160</b>				HEIGHT <b>5'11"</b>	WEIGHT <b>175</b>	COLOR OF EYES <b>BRN</b>	COLOR OF HAIR <b>BRN</b>				
PERMANENT ADDRESS OF APPLICABLE <b>DESTIN, FL 32541</b>				PHONE <b>850 687-7402</b>				OCCUPATION <b>SELF EMPLOYED</b>		PLACE OF EMPLOYMENT					
NAME OF PAROLEE / GUARDIAN IF APPLICABLE				ADDRESS				PHONE NUMBER							
NOTIFIED BY (NAME)				DATE		TIME (MIL)		ADVISABLE DISPOSITION 1. Mailed / Processed with Dept. and Released 2. Turned over to DJJ 3. Instructed County Jail							
RELEASED TO		RELATIONSHIP		DATE		TIME (MIL)		SQUAD OF COURTYARD / JAIL & PLACE OF DETENTION							
COURT INFORMATION <input type="checkbox"/> FELONY <input type="checkbox"/> FELONY TRAFFIC <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> MISDEMEANOR TRAFFIC				COURT DATE		COURT TIME		COURT LOCATION							
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AV <input type="checkbox"/> PU <input checked="" type="checkbox"/> FS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 1		BOND TYPE CHARGE 1			
<b>NAVIGATION RULE - RULE # 2</b>				<b>3 2 7 3 3</b>		<b>3 A</b>				<b>\$ 1</b>		<input type="checkbox"/> ROR <input type="checkbox"/> SURETY <input type="checkbox"/> BOND <input type="checkbox"/> CERT <input type="checkbox"/> CASH <input type="checkbox"/> OTHER			
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AV <input type="checkbox"/> PU <input type="checkbox"/> FS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 2		BOND TYPE CHARGE 2			
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AV <input type="checkbox"/> PU <input type="checkbox"/> FS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 3		BOND TYPE CHARGE 3			
CHARGES: <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> AV <input type="checkbox"/> PU <input type="checkbox"/> FS <input type="checkbox"/> ORD				STATUTE NO.		SUB-SECTION		CTS		BOND AMOUNT CHARGE 4		BOND TYPE CHARGE 4			
HOLD FOR TRIAL APPEARANCE DO NOT BOND OUT REASON				<input type="checkbox"/> HOLD FOR OTHER AGENCY				RELEASE DATE		RELEASE TIME		RELEASING OFFICER			
PLACE OF ARREST				ZONE		DATE		TIME (MIL)		LOCATION OF RESIDENT					
WEAPON SEIZE / TYPE 01. Air Rifle 02. Shotgun 03. Handgun 04. Knife 05. Other				INFLUENCE DRUG 01. Yes 02. No 03. Unknown				INFLUENCE ALCOHOL 01. Yes 02. No 03. Unknown				DRUG ACTIVITY 01. Air Rifle 02. Shotgun 03. Handgun 04. Knife 05. Other 06. Cocaine/Crack 07. Heroin 08. Marijuana 09. Prescription 10. Synthetic 11. Other			
COMPLAINANT <b>MR. ERNIE J. BATTIN</b>				ADDRESS <b>1101 F. GREGORY ST. PENACOLA, FL 32502</b>				PHONE <b>850 575 8905</b>							
<b>SEE ATTACHED APPRITTIVE</b>															
I swear that the above statement is correct and true to the best of my knowledge and belief.				Sworn to and subscribed before me, the undersigned authority this DATE <b>NOV 15 2009</b>				The Court reviewed this advisory and finds that there is no probable cause to hold and bind over the defendant for trial.							
Officer / Complainant Signature <b>MR. ERNIE J. BATTIN 0030</b>				Name/Titles of Person Authorized to Administer <b>CHUCK B. LAW 016 1221599</b>				JUDGE'S SIGNATURE <b>KIM L 11/22/09</b>							
Officer / Complainant ID No.				Full Title Law Enforcement Officer ID No.				Page <b>03</b> of <b>03</b>							
OBS NO. <b>460107516</b>				OCA NUMBER <b>176611</b>				ENTERED NOIC		FCIC					



# FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

## DIVISION OF LAW ENFORCEMENT



### FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

FORWARD COPY TO: FWC Boating Safety  
620 South Meridian Street  
Tallahassee, FL 32399-1600  
QUESTIONS CALL: (850) 488-5600

Agency Case Number: FWNW-09-OFF-8203

REPORTING AGENCY:  FWC  Police  Sheriff  
 FPP  Other

Total Number: 3 Fatalities 0 Injury Beyond First Aid 0 Missing Persons  
Estimated total property damage \$2000 or more **\$ 10,000.00**

**General and Geographic Information:** Total Vessels/Swimmers: 2 County: OKALOOSA  
Date of Accident: 9/4/2009 Time of Accident (mit): 1950 Date LEO Arrived: 9/4/2009 Time LEO Arrived (mit): 2003  
Nearest City: FORT WALTON BEACH Body of Water: CHOCTAWHATCHEE BAY  State Waters  Offshore  
Exact Location:  ICW Nearest Marker: 12  
Accident Site:  Bay/Sound  Inlet/Pass  Ocean/Gulf  Lake/Pond  Marsh/Swamp  River/Creek  Port/Harbor  Canal/Cut

Restricted Area:  Idle Speed  Manatee Idle Speed  Swimming  
 Slow Speed  Manatee Slow Speed Permit Code: \_\_\_\_\_  
 MPH Limit  Other  
Latitude/Longitude (decimal minutes)  
N30-24'5.2" / W86-34'45.6"

**Weather:**  Clear  Cloudy  Hazy  Rain  Fog  Thunderstorm  
(Check all that Apply)

**Visibility:**  Good  Dawn  Day  Dusk  Night  
 Fair  Poor

**Water Conditions:**  Calm (waves less than 6")  
 Choppy (waves 6" to 2')  
 Rough (waves 2' to 6")  
 Very Rough (larger than 6")

**Wind:**  None  Light (0-6 mph)  Moderate (7-14 mph)  Strong (15-25 mph)  Storm (over 25 mph)

**Temperature:** Air 85 °F  
Water 81 °F  
**Strong Current:**  River Current  Tidal Current

**Accident Type:** (You may enter a primary, secondary and tertiary accident type for each vessel/swimmer by placing a 1, 2, or 3 in the appropriate box) (Use boating accident continuation sheet for additional vessels)

V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
		Capsizing			Fire/Explosion (Fuel)			Starting Engine
		Collision w/Fixed Object			Fire/Explosion (Non-Fuel)			Person Struck by Boat
		Col. w/Floating Object/Person			Flooding (Swamping)		3	Person Struck by Skeg/Prop
1	1	Collision w/Vessel			Grounding			Struck Underwater Object
		Fall in Boat			Sinking			Vessel Wake Damage
	2	Falls Overboard			Skier Hit Object			Other: _____
		Fall on PWC			Skier Mishap/Fall			

**What Contributed to the Accident:** (You may enter up to three (3) contributing causes for each Vessel)

V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Ignition of Fuel Vapor	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	Overloading
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Turn
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Proper Lights	<input type="checkbox"/>	<input type="checkbox"/>	Skier or Occ. Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation	<input type="checkbox"/>	<input type="checkbox"/>	Standing/Sitting on Gunwale, Bow or Transom
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Violation of Navigation Rule
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Proper Look-Out	<input type="checkbox"/>	<input type="checkbox"/>	Vision Obstructed
<input type="checkbox"/>	<input type="checkbox"/>	Failure to Vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Off Throttle Steering - Jet	<input type="checkbox"/>	<input type="checkbox"/>	Weather
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Water	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention			
<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience			

Machinery Failure: (Indicate every system that failed for each vessel)						Equipment Failure: (Indicate the equipment that failed)					
V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Sail Demasting
<input type="checkbox"/>	<input type="checkbox"/>	Engine Failure	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Failure	<input type="checkbox"/>	<input type="checkbox"/>	Communications	<input type="checkbox"/>	<input type="checkbox"/>	Seat Broke Loose
<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation System	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing
<input type="checkbox"/>	<input type="checkbox"/>	Shift Failure	<input type="checkbox"/>	<input type="checkbox"/>	Starting Eng. In Gear	<input type="checkbox"/>	<input type="checkbox"/>	PFD's	<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress
<input type="checkbox"/>	<input type="checkbox"/>	Feedback Steering									

<b>Type of Boat:</b> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> <input type="checkbox"/> Houseboat <input type="checkbox"/> <input type="checkbox"/> Mini Jet Boat <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Open Motorboat <input type="checkbox"/> <input type="checkbox"/> Other: _____				<b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> <input type="checkbox"/> Rowboat (Jon) <input type="checkbox"/> <input type="checkbox"/> Sail-Aux. Power <input type="checkbox"/> <input type="checkbox"/> Sail(Only) <input type="checkbox"/> <input type="checkbox"/> Seaplane				<b># of Engines:</b> 1 Vessel 1 1 Vessel 2 <b>Total HP</b> 135 Vessel 1 150 Vessel 2		<b>Propulsion:</b> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Propeller <input type="checkbox"/> <input type="checkbox"/> Sail <input type="checkbox"/> <input type="checkbox"/> Water Jet			<b>Safety Equipment:</b> V-1 <input checked="" type="checkbox"/> V-2 <input checked="" type="checkbox"/> <b>Vessel</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Req. PFD's on board <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PFD's accessible <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fire Ext. on Board <input type="checkbox"/> <input type="checkbox"/> Fire Ext. Used <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Nav. Lights Operational <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Nav. Lights Turned On <input type="checkbox"/> <input type="checkbox"/> Current Safety Exam				
<b>Hull Material:</b> V-1 <input checked="" type="checkbox"/> V-2 <input checked="" type="checkbox"/> <b>Vessel</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Aluminum <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> <input type="checkbox"/> Steel <input type="checkbox"/> <input type="checkbox"/> Other: _____				<b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Rigid Hull Infl. <input type="checkbox"/> <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> <input type="checkbox"/> Wood				<b>Fuel:</b> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> Electric <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> <input type="checkbox"/> Propane		<b>Engine:</b> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input checked="" type="checkbox"/> Inboard <input type="checkbox"/> <input type="checkbox"/> Outboard <input type="checkbox"/> <input type="checkbox"/> I/O			<b>Was Vessel:</b> V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Rented <input type="checkbox"/> <input type="checkbox"/> Borrowed (Not in Household)				
<b>Operation at Time of Accident:</b> (Enter up to 3 for each Vessel) V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> At Anchor <input type="checkbox"/> <input type="checkbox"/> Being Towed <input type="checkbox"/> <input type="checkbox"/> Changing Direction <input type="checkbox"/> <input type="checkbox"/> Changing Speed				V-1 <input checked="" type="checkbox"/> V-2 <input checked="" type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Cruising <input type="checkbox"/> <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> <input type="checkbox"/> Drifting <input type="checkbox"/> <input type="checkbox"/> Launching/Loading				V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Wake/Surf Jumping <input type="checkbox"/> <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> <input type="checkbox"/> Towing a Boat <input type="checkbox"/> <input type="checkbox"/> Docked (Moored)									
<b>Activity at Time of Accident:</b> (Enter up to three (3) for each Vessel) V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Boat Pulling Tube <input type="checkbox"/> <input type="checkbox"/> Commercial Purpose <input type="checkbox"/> <input type="checkbox"/> Fishing (Recreational) <input type="checkbox"/> <input type="checkbox"/> Fishing (Tournament)				V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Fueling <input type="checkbox"/> <input type="checkbox"/> Hunting <input type="checkbox"/> <input type="checkbox"/> Making Repairs <input type="checkbox"/> <input type="checkbox"/> Racing (Sanctioned)				V-1 <input checked="" type="checkbox"/> V-2 <input checked="" type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Recreational Cruising <input type="checkbox"/> <input type="checkbox"/> Scuba Diving <input type="checkbox"/> <input type="checkbox"/> Skiing (Surfing, etc.) <input type="checkbox"/> <input type="checkbox"/> Other: _____			V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> <b>Vessel</b> <input type="checkbox"/> <input type="checkbox"/> Snorkeling <input type="checkbox"/> <input type="checkbox"/> Starting Engine <input type="checkbox"/> <input type="checkbox"/> Swimming						
FL 8105 JN Registration or Documentation #		B1YA53CSF798 Hull ID Number		N/A Name of Vessel		1998 Year											
18'4" Length		BAYLINER Make		CPRI Model		4 # of POB		0 # of Fatal		0 # of Injured		0 # of Skiers Being Towed					
Estimated Speed <input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph <input checked="" type="checkbox"/> 21-40 mph		<input type="checkbox"/> None <input checked="" type="checkbox"/> 21-40 mph		<input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph		<b>Federal Definition of Vessel:</b> <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government											
<b>OPERATOR/SWIMMER INFO:</b> DL/ID-K530-006-61-349-0 Drivers License or Boater ID #				FL State issued				Status <input checked="" type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality									
KENNEDY Last Name		AUGUSTA First Name		F MI		September 29, 1961 Date of Birth		( 850 ) 687 - 7402 Home Phone									
4000 GULF TERRACE DRIVE UNIT 247 Street				DESTIN City				FL State		3241 Zip Code		( ) - Work Phone		Estimated Damage: \$ 5000.00			
<b>Operator Experience</b> <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input checked="" type="checkbox"/> Over 100 Hrs				<b>Operator Education</b> <input type="checkbox"/> USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> State <input checked="" type="checkbox"/> USPS <input checked="" type="checkbox"/> None <input type="checkbox"/> Red Cross				<b>BUI Info</b> BAC: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Been Drinking <input type="checkbox"/> Drugs				Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F PFD Used <input type="checkbox"/> Person Can Swim <input checked="" type="checkbox"/> Person Was Ejected <input type="checkbox"/>					
<b>Total Hours in This Type Vessel:</b> <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input checked="" type="checkbox"/> Over 100 Hrs				<b>Owner Info:</b> Fill in owner's name and address. Check if also <input checked="" type="checkbox"/> operator or <input type="checkbox"/> occupant if occupant, use occupant section injury/fatal data sheet													
KENNEDY Last Name		AUGUSTA First Name		F MI		DL/ID-K530-006-61-349-0 Drivers License		FL State issued									
4000 GULF TERRACE DRIVE Street				DESTIN City				FL State		32541 Zip Code		Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company _____ Policy # _____			
<b>NON-FATAL OR UNINJURED OCCUPANT INFO:</b> (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)										Gender M F		Person Ejected		PFD Used		Person Can Swim	
Oc1 Name: James L. Fenoff		Phone: ( 850 ) 650-8745		DOB: 12/15/1954		<input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>					
Oc2 Name: Michael G. Layfield		Phone: ( 606 ) 246-1414		DOB: 8/11/1949		<input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>					
Oc3 Name: Jackie F. Layfield		Phone: ( 606 ) 246-1414		DOB: 11/15/1956		<input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/>					
Oc4 Name: _____		Phone: ( ) -		DOB: _____		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>					

VESSEL 2 OR SWIMMER

AL 1953 LK Registration or Documentation #		SXSU1041C606 Hull ID Number		N/A Name of Vessel		2006 Year	
20' Length	SEA HUNT Make	Center Console Model	4 # of POB	3 # of Fatal	0 # of Injured	0 # of Skiers Being Towed	
Estimated Speed	<input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph	<input type="checkbox"/> None <input checked="" type="checkbox"/> 21-40 mph	<input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph	<b>Federal Definition of Vessel:</b> <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			
<b>OPERATOR/SWIMMER INFO:</b>		3246949 Drivers License or Boater ID #		AL State Issued		<b>Status</b>	
BRENNER Last Name	WILLIAM First Name	H MI	January 9, 1955 Date of Birth		<input checked="" type="checkbox"/> Uninjured <input type="checkbox"/> Injured		<input type="checkbox"/> Missing <input type="checkbox"/> Fatality
8751 PINE RUN Street				( 251 ) 454 - 2514 Home Phone		Fill out injury/fatal data sheet as required	
DAPHNE City		AL State	36527 Zip Code	( ) - Work Phone		<b>Estimated Damage:</b> \$ 5,000.00	

<b>Operator Experience</b>		<b>Operator Education</b>		<b>BUI info</b>		<b>BAC:</b>		Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Under 10 Hrs	<input type="checkbox"/> 10-100 Hrs	<input type="checkbox"/> USCG Aux	<input type="checkbox"/> Other (info)	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Refused	<input type="checkbox"/> Arrest	PFD Used <input type="checkbox"/>		<input type="checkbox"/> Person Can Swim
<input checked="" type="checkbox"/> Over 100 Hrs		<input type="checkbox"/> USPS	<input type="checkbox"/> None	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Been Drinking	<input type="checkbox"/> Drugs	Person Was Ejected <input type="checkbox"/>		<input checked="" type="checkbox"/>
<b>Total Hours in This Type Vessel:</b>		<input type="checkbox"/> Under 10 Hrs		<input type="checkbox"/> 10-100 Hrs		<input type="checkbox"/> Over 100 Hrs			

**Owner Info:** Fill in owner's name and address. Check if also  operator or  occupant. If occupant, use occupant section injury/fatal data sheet

BRENNER Last Name	WILLIAM First Name	H MI	3246949 Drivers License	AL State Issued
8751 PINE RUN Street		January 9, 1955 Date of Birth		( 251 ) 454 - 2514 Phone #
DAPHNE City	AL State	36527 Zip Code	Insurance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PROGRESSIVE Insurance Company
			32903874-3 Policy #	

**NON-FATAL OR UNINJURED OCCUPANT INFO:** (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)

Oc1 Name:	Phone:	DOB:	Gender		Person Ejected	PFD Used	Person Can Swim
			M	F			
Oc2 Name:	Phone:	DOB:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oc3 Name:	Phone:	DOB:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oc4 Name:	Phone:	DOB:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Brief Synopsis of Accident:** (Attach offense incident narrative sheets for more detailed description) Synopsis for USCG database use.

On September 4, 2009 V1 and V2 was involved in a collision near Marler Park in Okaloosa County, specifically Choctawhatchee Bay in Fort Walton Beach. The two vessels collided in a near head-on course, causing the deaths of three of the occupants in V2.

- Accident Descriptors:** (Check all that apply)
- Boat Found Capsized
  - Boat Found Upright Drifting
  - Boat Struck by Lightning
  - Carbon Monoxide Involved
  - Commercial Vessel
  - Hit and Run (left scene)
  - Parasailing Accident
  - Runaway Boat
  - Victim Entangled in Line
  - Other: \_\_\_\_\_

**Non-Vessel Property Damage:** Damage excluding the vessels involved or their contents  Yes  No. If yes, the estimated amount: \$ \_\_\_\_\_

Describe damages property: \_\_\_\_\_

Property Owner Information: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

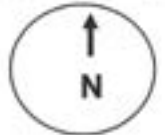
DIAGRAM OF ACCIDENT

If applicable, diagram exactly what happened. Show the direction of boats involved before, during and after accident.

DIAGRAM NOT TO SCALE

Indicate North with an Arrow

SEE ATTACHED DIAGRAM



Vessel #	Violator's Name (Just check box if operator)	Statute #	Violation	Type	UBC/Warning #
1	<input checked="" type="checkbox"/> Operator Augusta F. Kennedy			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input checked="" type="checkbox"/> Pending	
2	<input checked="" type="checkbox"/> Operator William H. Brenner			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input checked="" type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	

Officer Completing Report:

Florida Fish & Wildlife Conservation Commission  
 Agency Name  
 1101 E. Gregory Street  
 Street  
 Pensacola  
 City  
 State: FI Zip Code: 32502  
 District/Region: NW  
 Phone #: (850) 595-8901  
 ORI Number: FLO468000  
 Officer's Signature: *Eddie J. Gatlin*  
 Print Officer Name: Eddie J. Gatlin ID #: D030  
 Date Completed: 0031  
 Field Supervisor/Reviewer Signature: *James S. Carter*  
 Print Supervisor/Reviewer Name: James S. Carter ID #: 0031

Investigative Time: (Include total hours for response, search & rescue & investigation for officer completing report & officers assisting)

24	80	0	35	139	560	12	0
Boat Hrs.	Land Hrs.	Air Hrs.	Admin. Hrs.	Total Hrs.	Car Miles	Boat Engine Hrs.	Aircraft Engine Hrs.

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

Federal Accident Classification: (For Statistical use)

Recreational  Commercial  Government  Off-Shore  Non-Reportable  Reportable

Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed By	ID #
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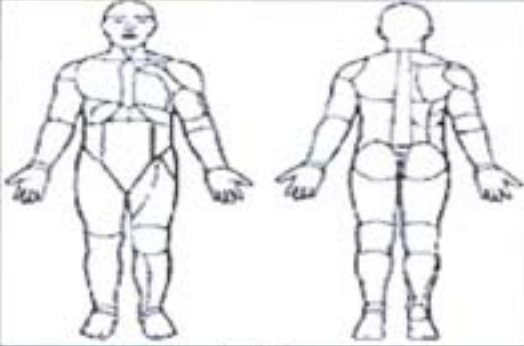
**ACCIDENT DESCRIPTION NARRATIVE**DESCRIBE WHAT  
HAPPENED

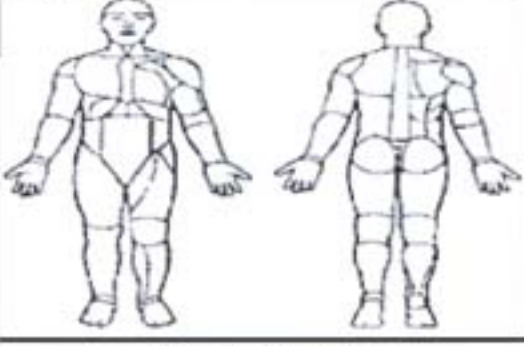
(Sequence of events. Include failure of equipment. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFDs or fire extinguishers.)

See attached narrative.

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: FWNW-09-OFF-8203

VESSEL 2 OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Missing (Body not located) <input checked="" type="checkbox"/> Fatality <input checked="" type="checkbox"/> Person Was Ejected		Victim Info.: <input checked="" type="checkbox"/> Can Swim <input type="checkbox"/> Can Not Swim		<input checked="" type="checkbox"/> Occupant <input type="checkbox"/> On Shore/Dock		<input type="checkbox"/> Operator <input type="checkbox"/> Swimmer		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
	George Brenner Last Name First Name		A MI		September 7, 2029 Date of Birth		( 251 ) 343 - 3760 Home Phone		Treatment: <input type="checkbox"/> Treatment <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment		
	6108 Venetian Way Street		AI 36608 State Zip Code		( ) - Work Phone						
	Mobile City										
<b>Injury Caused By:</b> <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 checked="" type="checkbox"/> Propeller or Skeg <input type="checkbox"/> Other: _____		<b>Primary &amp; Secondary Injury</b> P S <input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken Bone(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Contusion(s) <input type="checkbox"/> Dislocation(s) <input checked="" type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injury(ies) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw		<b>PFD Types Used:</b> <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V <input type="checkbox"/> II <input type="checkbox"/> IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable		<b>Physical Condition:</b> <input type="checkbox"/> Handicapped <input type="checkbox"/> Inf. Alc/Drug <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick/Ill <input type="checkbox"/> Other: _____				<b>Injury/Fatal Synopsis</b> Blount force trauma to head	
<b>Victim Activity:</b> <input checked="" type="checkbox"/> Cruising <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> PWC Cruising <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water-skiing <input type="checkbox"/> Other: _____				<b>Death Caused By:</b> <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Other: _____							

VESSEL 2 OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Missing (Body not located) <input checked="" type="checkbox"/> Fatality <input type="checkbox"/> Person Was Ejected		Victim Info.: <input checked="" type="checkbox"/> Can Swim <input type="checkbox"/> Can Not Swim		<input checked="" type="checkbox"/> Occupant <input type="checkbox"/> On Shore/Dock		<input type="checkbox"/> Operator <input type="checkbox"/> Swimmer		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
	Brenner Donna Last Name First Name		J MI		March 16, 1931 Date of Birth		( 251 ) 343 - 3760 Home Phone		Treatment: <input type="checkbox"/> Treatment <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment		
	6108 Venetian Way Street		AI 36608 State Zip Code		( ) - Work Phone						
	Mobile City										
<b>Injury Caused By:</b> <input checked="" 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: _____		<b>Primary &amp; Secondary Injury</b> P S <input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken Bone(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Contusion(s) <input type="checkbox"/> Dislocation(s) <input checked="" type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injury(ies) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw		<b>PFD Types Used:</b> <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V <input type="checkbox"/> II <input type="checkbox"/> IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable		<b>Physical Condition:</b> <input type="checkbox"/> Handicapped <input type="checkbox"/> Inf. Alc/Drug <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick/Ill <input type="checkbox"/> Other: _____				<b>Injury/Fatal Synopsis</b> Blount force traume to head	
<b>Victim Activity:</b> <input checked="" type="checkbox"/> Cruising <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> PWC Cruising <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water-skiing <input type="checkbox"/> Other: _____				<b>Death Caused By:</b> <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Other: _____							

VESSEL 2 OR SWIMMER

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected

**Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Swimmer  Skier

**Gender:**  Male  Female

**Treatment:**  Treatment  Admitted to Hospital  Refused Treatment

Crowson Last Name  
Jeane First Name  
MI  
November 20, 1939 Date of Birth  
13606 Forest Walk Street  
( 210 ) 492 - 3723 Home Phone  
San Antonio City Tx 78231 Zip Code  
( ) - ( ) Work Phone

**Injury Caused By:**

Impact with Boat  
 Impact with Water  
 Impact with Fixed Object  
 Impact with Floating Object  
 Struck by Boat  
 Propeller or Skeg  
 Other: \_\_\_\_\_

**Primary & Secondary Injury**

P	S	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**

Cruising  
 Fishing  
 Hunting  
 PWC Cruising  
 Scuba Diving  
 Snorkeling  
 Swimming  
 Water-skiing  
 Other: \_\_\_\_\_

**PFD Types Used:**

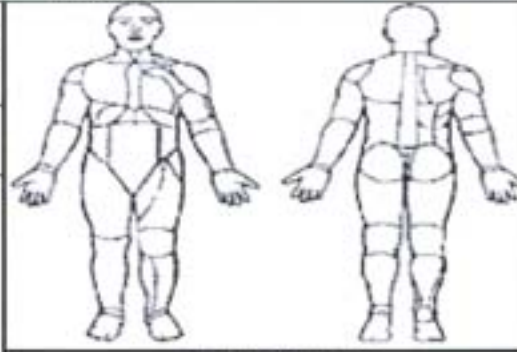
I  II  III  IV  V  
 Non-Inflatable  
 Inflatable

**Physical Condition:**

Handicapped  
 Inf. Alc./Drug  
 Normal  
 Sick/ill  
 Other: \_\_\_\_\_

**Death Caused By:**

Drowning  
 Hypothermia  
 Trauma  
 Other: \_\_\_\_\_



**Injury/Fatal Synopsis**

Blount force trauma to chest.

VESSEL OR SWIMMER

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected

**Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Swimmer  Skier

**Gender:**  Male  Female

**Treatment:**  Treatment  Admitted to Hospital  Refused Treatment

\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

**Injury Caused By:**

Impact with Boat  
 Impact with Water  
 Impact with Fixed Object  
 Impact with Floating Object  
 Struck by Boat  
 Propeller or Skeg  
 Other: \_\_\_\_\_

**Primary & Secondary Injury**

P	S	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**

Cruising  
 Fishing  
 Hunting  
 PWC Cruising  
 Scuba Diving  
 Snorkeling  
 Swimming  
 Water-skiing  
 Other: \_\_\_\_\_

**PFD Types Used:**

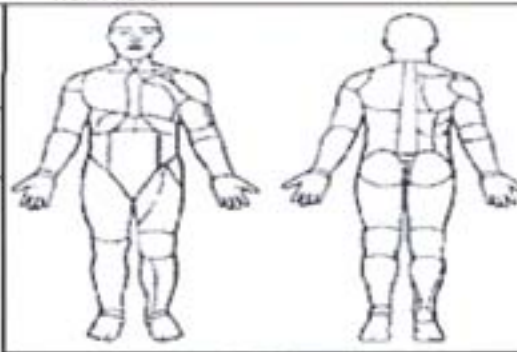
I  II  III  IV  V  
 Non-Inflatable  
 Inflatable

**Physical Condition:**

Handicapped  
 Inf. Alc./Drug  
 Normal  
 Sick/ill  
 Other: \_\_\_\_\_

**Death Caused By:**

Drowning  
 Hypothermia  
 Trauma  
 Other: \_\_\_\_\_



**Injury/Fatal Synopsis**

On September 4, 2009 at approximately 7:50 pm, a boating accident occurred in Okaloosa County in Fort Walton Beach near marker #12 in Choctawhatchee Bay, involving the deaths of three individuals. According to statements taken from witnesses, the following is a synopsis of events that occurred:

Summary:

Vessel 1 (V1), an 18' Bayliner operated by Augusta F. Kennedy, was traveling east towards Destin in the ICW near Marler Park. The occupants in Kennedy's vessel were: James L. Fenoff (seated in the passengers seat beside Kennedy, facing forward), Micheal G. Layfield (seated in the passengers seat behind Kennedy, facing forwards), and Jackie F. Layfield (seated in the passengers seat behind Fenoff, facing the rear). James Fenoff stated in an interview conducted by A.S.A. Angela Mason that Kennedy and him had launched Kennedy's vessel at approximately 12:30 pm from the Joe's Bayou Boat Ramp in Destin and proceeded towards the Destin Harbor. As they were traveling, Fenoff stated that Kennedy asked him to mix him a several drinks. Fenoff stated that he would mix Kennedy drinks including Vodka with some type of juice similar to a Bloody Mary. Fenoff said that throughout the trip, he repeatedly told Kennedy to slow down on his drinking, but Kennedy replied that he was fine. Kennedy and Fenoff picked up Micheal and Jackie Layfield at the Lucky Snapper in Destin at approximately 1:30 pm. They traveled towards Cinco Bayou looking at homes in the area, and then headed towards Helenback Restaurant near the Brooks Bridge. On several occasions, Fenoff stated that he told Kennedy to slow down. He also stated in the interview that he was scared of Kennedy's driving. He said that Kennedy would slow down for a short time, and then speed back up. When they arrived at Helenback's Restaurant, located just west of the Brook's Bridge, Fenoff and Micheal and Jackie Layfield went inside while Kennedy stayed in his vessel. Fenoff said that him and the Layfield's discussed calling a cab while they were at Helenback's to take them back to Destin instead of riding with Kennedy because of his driving habits, but ended up riding back with him because they did not want to hurt his feelings. As they idled through the no wake zone near Brooks Bridge, Fenoff told Kennedy to just go slow and find the channel markers because it was dark and hard to see. Kennedy replied that he could see the lights on the Emerald Grande Condo, and all he had to do was head towards them. Fenoff stated that once they cleared the wake zone, Kennedy sped up, and went faster than he wanted him to. Just prior to the collision, James Fenoff yelled to Kennedy "boat", and Kennedy turned sharply to the left.

Vessel 2 (V2), a 20' Sea Hunt operated by William H. Brenner, was traveling west in the ICW near the same location. The occupants in Brenner's vessel were: George A. Brenner (seated in front of the center console on the port/left side), Donna J. Brenner (seated in front of the center console on the starboard/right side), and Jeanne Crowson (seated behind the center console on the starboard/right side). Brenner stated that him and his passengers had departed his residence in Clipper Cove, west of the Brooks Bridge, at approximately 5:30 pm, and traveled towards Destin. They toured the harbor then headed back home. Brenner stated that he saw V1 approximately 10 degrees off of his port bow, and turned to the right. The vessel's collided, with the starboard side of Brenner's vessel impacting Kennedy's vessel on the starboard side, forward of midship. Brenner's vessel continued down the starboard side of Kennedy's vessel, causing damage to the starboard side, including the starboard side of the stern. Brenner's vessel sustained damage to the starboard side including tearing the transducer off on the starboard side of the stern. Upon initial impact, George Brenner was ejected from the vessel and subsequently struck by the prop or skeg in the head causing fatal injuries. Donna Brenner struck her head on bow area of the vessel causing fatal injuries and was found laying on the starboard side of the center console on the floor. Jeanne Crowson was thrown into the center console causing fatal injuries to the chest area and was found laying on the port side of the center console.

A commercial fisherman (Raymond Earl Comans) was in the area at the time of the accident and assisted with locating George Brenner. After locating Brenner, he carried him back to V2. Comans reported in his statement that he had observed the vessels before the collision occurred and noted that both vessels had their required navigational lights on. Comans also stated that he was operating his vessel traveling west, running parallel to Brenner's vessel going approximately twenty miles per hour. He observed Kennedy's vessel making a long arching turn towards the channel from the south side, and then straightened up in the channel heading east, crashing almost immediately afterwards.

James Fenoff reportedly called USCG via cell phone at 7:54 pm (CST) to notify them of the accident and their location. USCG members and FWC Officers Steve Bartlett and Pete Rockwell responded to the scene.

FWC Officers Steve Bartlett and Pete Rockwell arrived on scene and assessed the injuries on V2. Officer Rockwell assisted with pulling George Brenner into V2 and assessing the injuries on Donna Brenner and Jeane Crowson. USCG assessed the injuries on V1. Both vessels and occupants were taken to the Marier Park boat ramp where EMS crews were waiting. George Brenner, Donna Brenner and Jeane Crowson were pronounced dead at the scene.

#### Investigation:

Several empty bottles of beer were found in Kennedy's vessel along with an empty bottle of Vodka. Kennedy was ask to submit to a blood test in which he consented. No alcohol was found in Brenner's vessel, however, he stated that he had had a couple of drinks prior to leaving his residence earlier. Brenner was ask to submit to a blood test in which he consented. FWC Investigator Shelby Williams provided the blood test kit and observed as EMS personnel withdrew the blood on Kennedy and Brenner. The blood samples were sent to FDLE for annalysis. The blood test results indicated that Kennedy had a blood alcohol content of 0.192 and 0.194 grams of ethyl alcohol per 100 milliliters of blood, and that Brenner had a blood alcohol content of 0.069 and 0.071 grams of ethyl alcohol per 100 milliliters of blood.

Both vessels were seized and transported to the FWC Pensacola Office for security storage. The GPS unit in Brenner's vessel, a Garmin 178C Sounder, was removed and sent to FDLE in Tallahassee for annalysis. The units tracking coordinates were removed and plotted on a chart. (See attached plotted course). The plotted course placed Brenner just right/north of the center of the channel. Just west of bouy marker #12, Brenner's course turns to the left, and shows him slowing down. This position is plotted as N30°24'5.2" and W86°34'45.6". On Ocotober 29, Okaloosa County Dive Team members John Bush and Darrell Culberson dove this position for the purpose of recovering any collision debris that may have been lost during the accident. The dive team members found a piece of aluminum rub rail, which was later matched to a section that was missing from Kennedy's vessel.

#### Conclusion:

Based on the interviews of the operators of V1 and V2, and the passengers of V1, statements taken from witnesses, and physical evidence, it was determined that Augusta Kennedy violated Navigational Rules #14 Head-on Situation, #5 Look Out, #6 Safe Speed, #8 Action to Avoid Collision and #2 Responsibility . The investigation also revealed that William Brenner had some responsibility to the accident according to Rule #2, and Rule #8. According to the Navigational Rules, both operators contributed to the collision. However, at the initial sighting of the two vessels being on a head-on, or near head-on collision course, and according to Brenner, V1 being approximately 10 degrees off of his port side, if Kennedy would have altered his course to starboard according to Rule #14, the vessels would have possibly not collided. Additionally, with Kennedy's blood alcohol content being 0.194 and Brenner's blood alcohol content being 0.071, both operators judgement was impaired to some extent and contributed to the collision.

#### Violations:

Vessel 1 (Kennedy's)

B.U.I. Manslaughter – 3 counts – F. S. 327.35(3)(c)(3)(a)

According to the USCG Inland Navigational Rules:

- **Rule #5 – Look-out** – (every vessel shall maintain a proper look-out by sight and hearing as well as by all available means appropriate in the prevailing circumstances and conditions so as to make a full appraisal of the situation and the risk of collision.)

**Kennedy did not see the approaching vessel until Fenoff yelled "boat".**

- **Rule #6 – Safe Speed** – every vessel shall at all times proceed at a safe speed so that she can take proper and effective action to avoid collision and be stopped within a distance appropriate to the prevailing circumstances and conditions.

In determining a safe speed the following factors shall be among those taken into account:

- *The state of visibility*
- *The traffic density including concentration of fishing vessels or any other vessel*
- *The maneuverability of the vessel with special reference to stopping distance and turning ability in the prevailing conditions*
- *At night, the presence of background light such as from shore lights or from back scatter of her own lights*
- *The state of wind, sea, and current, and the proximity of navigational hazards*
- *The draft in relation to the available depth of water*

Kennedy's vessel (V1) was found after the collision to have its throttle in the wide-open-throttle position, and Fenoff had stated in an interview that Kennedy operated his vessel that day at full throttle.

- **Rule #14 – Head-on Situation** – (a) when two power-driven vessels are meeting on reciprocal or nearly reciprocal courses so as to involve collision each shall alter her course to starboard so that each shall pass on the port side of each other.

Kennedy turned his vessel hard to the port/left upon Fenoff warning him of the oncoming vessel.

- **Rule #8 – Action to avoid collision** – (a) any action taken to avoid collision shall, if the circumstances of the case admit, be positive, made in ample time and with due regard to the observance of good seamanship.

In taking action to avoid collision, such shall be done to result in passing at a safe distance.

- **Rule #2 – Responsibility** – nothing in these Rules shall exonerate any vessel from the consequences of any neglect to comply with these Rules or of the neglect of any precaution which may be required by the ordinary practice of seamen, or by the special circumstances of the case.

Vessel 2 (Brenner's)

- **Rule #2 – Responsibility** – nothing in these Rules shall exonerate any vessel from the consequences of any neglect to comply with these Rules or of the neglect of any precaution which may be required by the ordinary practice of seamen, or by the special circumstances of the case.

- **Rule #8 – Action to avoid collision** – (a) any action taken to avoid collision shall, if the circumstances of the case admit, be positive, made in ample time and with due regard to the observance of good seamanship.

In taking action to avoid collision, such shall be done to result in passing at a safe distance.