



**Terms of Reference, Design Principles, and Recommendations:
Revised Boating Accident Report (BAR) Form**

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Introduction

The Coast Guard Auxiliary Association (CGAuxA) was awarded a grant from the United States Coast Guard (Coast Guard) to examine and recommend appropriate changes to the present Boating Accident Report (BAR) Form (CG-3865 [Rev. 12-06], Office of Management and Budget (OMB) No. 1625-0003). The latest version of the present BAR form¹ is reproduced in Appendix A. The new BAR form developed as part of this effort is reproduced in Appendix B. This report explains the terms of reference, the principles used in the design of the recommended form, and recommendations for further work to improve the coverage and accuracy of recreational boating accident reporting.



Summary

We developed a new and easier-to-use BAR form. The recommended form:

- Captures the requirements now contained in the Code of Federal Regulations (CFR),
- Incorporates many of the suggestions offered by key partners such as members of National Association of State Boating Law Administrators (NASBLA),² the National Boating Safety Advisory Council (NBSAC), and the United States Power Squadrons (USPS[®]) who read this report in draft,
- Is based on proven design principles to increase form readability and user-friendliness,
- Reflects lessons learned in the usability test, and
- Is slightly longer (largely because of increased white space and a more organized and consistent layout), but significantly easier to read and understand than the present form.

¹ This is the **federal** form. Most states use a form that is similar (in some cases identical) in appearance to this form and which captures (at least) the same required information. Appendix C contains samples of BAR forms from Alaska, California, Colorado, Connecticut, Massachusetts, Nevada, New Mexico, Ohio, Rhode Island, Utah, and Washington.

² More specifically, members of the Boating Accident Investigation, Reporting & Analysis (BAIRAC) Committee of NASBLA.

This recommended form (after incorporation of Coast Guard comments) will be submitted for public comment and later revision by the Coast Guard.

Recommended Way Forward

We also made several suggestions for further work as part of the Coast Guard's ongoing efforts to improve the coverage, validity, and accuracy of recreational boating accident statistics. We believe these suggestions have merit and, moreover, that it is appropriate to act on these in a timely fashion. These are discussed in detail in the report. These recommended topics for more thorough examination include:

- Review the existing and projected uses of boating accident data and define the essential elements of information (EIs) based on these uses. (This and following recommendations might require modifications to the code of federal regulations [CFR].)
- Investigate the suitability of a "two-tier" system in which the operator/owner of a recreational boat involved in a reportable accident would complete a much simplified form and state officials could follow up on all or a statistical sample of these accidents to provide required data to the Coast Guard. Such a system might increase the accuracy of reporting and lower the non-response rate.
- Consider the use of so-called "smart forms" that could be filled out on a computer via the Internet. Smart forms reduce the burden of form preparation and would probably increase the accuracy of the completed form. This idea has merit whether or not a two-tier system is adopted.
- Consider providing forms in other languages besides English to assist non-native speakers in the event that it is decided to retain the requirement that the operator/owner fill in the BAR form.
- Several possible ideas are identified in the report designed to decrease the non-response rate for completing BAR forms for otherwise reportable accidents, including those related to education, incentives for timely completion, and more traditional responses.

Background

By federal law (33 CFR §173.55), a BAR form must be submitted by the operator (owner if the operator cannot) whenever a recreational vessel has a "reportable" accident.³ The Coast Guard and others use accident data for several purposes. These data are used for (among other things):

- Preparation of annual statistical summaries of these accidents to identify major causes of accidents and trends in accidents, injuries, and fatalities.

³ Under Federal law, a reportable accident is defined as an occurrence that involves the vessel or its equipment if (1) a person dies; or (2) a person is injured and requires medical treatment beyond first aid; or (3) damage to the vessel and other property totals \$2,000 or more or there is a complete loss of the vessel; or (4) a person disappears from the vessel under circumstances that indicate death or injury. Some states have a lower threshold of damage for reporting. For example, Arizona, Nevada, North Carolina, Ohio, South Carolina, Tennessee, Washington, and West Virginia have a \$500 threshold and Indiana has a \$750 threshold for a reportable accident.

- Identification of accidents to be investigated in more detail by state or federal authorities to learn root causes and contributing factors.
- Identification of areas (and times) of high accident frequency so that the efficiency of enforcement or search and rescue efforts can be increased.
- Estimating costs and benefits of various strategies to reduce injuries or accidents.

Several studies show that nearly all fatal recreational boating accidents are reported, but less severe accidents are underreported. Underreporting is particularly common for accidents that involve minor injuries or property damage only (PDO).⁴ This underreporting is problematic for several reasons. *Perhaps most important, underreporting means that the social costs of these accidents are not correctly estimated. In consequence, initiatives to reduce recreational boating accidents may likewise be undervalued and/or misdirected.*

The Coast Guard and other organizations, notably NASBLA, have worked to increase response rates and to improve the BAR form to ensure collection of useful and accurate data.

The BAR form has been revised as new recreational boating safety issues have emerged and/or new uses for the data have been developed. Although well intentioned, these changes were not always “user friendly.”⁵ As noted by Design Research Engineering, a firm that offered many useful comments⁶ on the BAR form design:

“We recognize that revising the form is not an easy task. Over time, the form’s contents evolved like a coral reef, accumulating layer-upon-layer of information to address dynamic issues in boating safety. We believe that revising the form is made all the more arduous because it has attempted historically to meet the diverse needs and knowledge level (sic) of two populations that complete the form—vessel operators/owners and law enforcement officers. In trying to meet the needs of both, neither is well served.”

The Coast Guard, NASBLA, and other partners have a continuing long-term objective to increase the coverage, accuracy, and utility of recreational boating accident data. One important first step in this process is to ensure that the BAR form is easy to understand and complete.⁷ *This alone is unlikely to eliminate underreporting, but an easy-to-use form is certain to help.*

⁴ Completion of the BAR form is legally required (33 CFR §173.55) for reportable accidents.

⁵ “User-friendly” means easy to use or to learn to use, see <http://www.answers.com/topic/user-friendly?cat=biz-fin>.

⁶ See letter from Erik Murphy and Barbara Moroski-Browne, Design Research Engineering, to Rear Admiral R. T. Hewitt dated January 19, 2007 (hereinafter, Design Research Engineering, 2007).

⁷ In the longer term many other initiatives are being considered, such as developing two different forms; a much simplified form to be completed by the operator or owner and a more comprehensive form to be completed by a qualified accident investigator. The purpose of the first form would be to collect basic statistical information and define a “population” of accidents, some of which would be followed up by professional investigators.

As noted above, the Coast Guard awarded a grant to CGAuxA to assist in this process. CGAuxA worked with a nationally known expert in forms design, Dr. Deborah J. Mayhew, to recommend changes to the present BAR form. This report provides the terms of reference used in developing the form and the main principles used in forms redesign generally and for this form in particular. (*We believe it advisable to modify these terms of reference for future forms-design efforts. For the present, however, it is necessary to make changes consistent with existing laws, regulations, and Coast Guard direction.*) This report summarizes the initial redesign efforts. As noted above, the latest version of the present BAR form is given in Appendix A and our recommended revision in Appendix B. Removing these and placing them side-by-side will enable the reader to see the differences. The main body of this report explains why these changes were made.

Possible benefits of a “user friendly” form

One intended benefit of an easy-to-read and understandable form is that more accidents will be reported. Boaters have a variety of reasons for failing to fill out forms including fears of self-incrimination, absence of perceived benefits, and lack of knowledge that reporting is mandatory for certain accidents.⁸ Included among these reasons is the complexity and time required to complete the present BAR form. *A user-friendly form is likely to reduce the non-response rate.* Forms should be easy to read, easy to understand, and easy to complete.⁹ Another potential benefit is that a user-friendly form is likely to *increase the accuracy* of responses. Several industries have discovered this and make a clear “business case” for use of plain English.¹⁰ Several US Government agencies (e.g., the Securities and Exchange Commission) require that forms and other documents be written in plain English.¹¹ The Office of Management and Budget (OMB) Standards and Guidelines for Statistical



⁸ In a letter from Carl W. Vogt, then Chairman of the National Transportation Safety Board to Admiral J. William Kime (then Commandant of the Coast Guard) dated 25 May 1993, reference is made to “deliberate nonreporting, ignorance by the boating public of the reporting requirements, reluctance by boaters to provide all pertinent information, and the lack of an effective mechanism to enforce the reporting requirements.” (See http://www.nts.gov/recs/letters/1993/M93_10_14.pdf.)

⁹ See “The plain English guide to forms” available electronically at <http://www.plainenglish.co.uk/formsguide.pdf>.

¹⁰ See, e.g., “The business case for plain English” available electronically at <http://www.wordcentre.co.uk/page57.htm>.

¹¹ See e.g., “SEC adopts plain English in a ‘sweeping revision’ of rules governing prospectus disclosure” available electronically at <http://www.friedfrank.com/cmemos/0197556.htm>.

surveys¹² notes that “agencies should clearly and correctly present all information products in plain language geared to their intended audiences.” Indeed, under 5 CFR §1320.9 (Agency certifications for proposed collections of information) the Senior Official of an agency is required to certify that the form “is written using plain, coherent, and unambiguous terminology and is understandable to those who are to respond.”¹³ Thus, use of plain English and intelligent forms design are not only good practice, but also required by regulation.

Who submits the BAR form?

Under present regulations (33 CFR §173.55 (a) and (c)) the *operator of the vessel* (owner if the operator cannot complete the form) is required to submit the BAR form. Of course, the operator/owner might consult with authorities or other knowledgeable persons in filling out the form.¹⁴ And state or federal investigators sometimes complete these forms, particularly (though not exclusively) in cases where the owner/operator is deceased or missing. (State authorities may also complete a separate, more detailed form from which the federally-required data can be extracted.) However, *per Coast Guard direction we developed the form on the assumption that the operator/owner must fill out the form without professional assistance.* Many State personnel believe that trained accident investigators should complete the BAR form. This is because they believe that the accuracy of the data now collected from these forms is poor and that the only sources of reliable accident data are accident reports completed by trained accident investigators. This question is left for another day.

Why care who fills out the form? First, it determines the target reading level of the form. As noted by plain-language advocate William H. DuBay:¹⁵

“We should remember that the reading level of the average adult in our country is the 7th grade. Because most people read comfortably two or more grades below their ability, experts recommend writing documents intended for the public at the 5th-grade level. The most popular novelists write at the 6th and 7th grade levels.”

¹² See http://www.whitehouse.gov/omb/infoereg/statpolicy/standards_stat_surveys.pdf. Note also that the OMB Guidance on Agency Survey and Statistical Information Collections lists several questions under the rubric of increasing response rates. These include “Is the questionnaire well-designed with user-friendly formatting? Is it as brief as possible? Are the questions, instructions, and definitions easy to understand? Is the content of the survey relevant to the respondent?” See http://www.whitehouse.gov/omb/infoereg/pmc_survey_guidance_2006.pdf.

¹³ See http://www.givemeliberty.org/RTP2/PRA/PRA-CFR/5_C_F_R_1320_9.pdf.

¹⁴ In comments on an earlier draft of this report (August 30, 2007) Design Research Engineering personnel assert that this report is naïve in downplaying the prominent role that law enforcement officials play in completing the BAR form. They believe that it is appropriate to acknowledge that in many cases state reporting officials complete the form. We lack data on the percentage of BAR forms completed by operators/owners versus those actually completed by state officials. However, it follows that if the form is sufficiently straightforward to be completed with reasonable accuracy by boaters, it should also be useful to investigators.

¹⁵ See, William H. DuBay “The plain-language crisis” in Plain Language at Work, Newsletter 22 March 2003, available at <http://www.impact-information.com>.

(For your reference, this report is written at approximately the 12th-grade level!)

Second, the fact that the operator/owner submits¹⁶ the form also means that we need to avoid unfamiliar jargon. The person filling out the form must be able to understand and be able to answer the question(s) in order to provide accurate answers. According to some state officials, the accuracy of some elements of prior data are questionable; this belief is one of the reasons why some state personnel wish to have the form completed by trained investigators—or at least personnel more familiar with the form.

Even if the system is changed in the future so that only trained investigators complete and submit the BAR form, it is still important to ensure that the form is readily understood and in “plain English.”

What information is required to be on the BAR form?

In the longer term, this is an important question. For example:

- It might be efficient to have only a very short BAR form, limiting the questions to who, what, where, and when, assuming that state or other investigators will follow-up and complete a more thorough analysis on this or a statistically chosen sample of accidents with similar characteristics.¹⁷ Use of two separate forms for accident reporting has been suggested by NASBLA and others. Several states now have two different BAR forms, one to be used by the operator/owner and another to be used by the accident investigator. (However, this differs from a complete two-tier system because the State uses data from the investigator’s form to provide data on reportable accidents.)



¹⁶ In comments on an earlier draft of this report Design, Research, Engineering (30 August 2007 memorandum) noted that “We read the regulation as requiring that the operator or owner *submit* the form, not necessarily *fill out*, or *complete*, the form.” This may be so, but the fact that a more knowledgeable or experienced person might fill out the form *in no way relieves the Coast Guard of the obligation of making the form understandable to the operator/owner*. In short, this is a distinction without difference.

¹⁷ Those who object to a radically simpler form note that valuable information would be lost. However, if the form were used to trigger a follow-up investigation of all (or a statistical sample) accident reports the overall accuracy of the data might be increased. It is self-evident that no follow-up investigation can take place if it is not known that one occurred.

- Design Research Engineering (2007) suggested deletion of potentially incriminating questions from the BAR form, such as those relating to use of alcohol or drugs. Such questions might well be a deterrent to completion of the form by operators/owners. Moreover, the accuracy of these answers is open to question as there appear to be incentives for deception. However, 33 CFR § 173.57 (v) requires “the opinion of the person making the report as to the cause of the casualty including whether or not alcohol, or drugs, or both was a cause or contributed to causing the casualty.” Whether or not this or related questions should be required to be answered by the operator is an appropriate topic for discussion in terms of possible future modifications to the form, but it is not addressed in this effort.

For purposes of this interim redesign effort, however, we assumed that all information presently specified in 33 CFR §173.57 (a) through (z) must be collected. These 26 required data elements are identified in Table 1. (All tables are included at the end of this section.)

Some of these elements of information specified in 33 CFR §173.57 (a) through (z) are very detailed. For example, item (w) requires data on “the make, model, type (open, cabin, house, or other), beam width at widest point, length, depth from transom to keel, horsepower, propulsion (outboard, inboard, inboard outdrive, sail, or other), fuel (gas, diesel, or other), construction (wood, steel, aluminum, plastic, fiberglass, or other), and year built (model year), of the reporting operator’s vessel.” For fields with detailed specifications we retained this detail adding explanatory material as necessary to facilitate accurate answers.

But, other information requirements in the CFR are much less specific. For example, item (l) requires “the cause of each death.” This question does not specify the level of detail of the possible answers—and may not be able to be answered accurately by a layman. The BAR form formerly used listed only three possible causes of death; drowning, disappearance,¹⁸ and other. The present BAR form presents the following choices; drowning, trauma, carbon monoxide poisoning, heart attack, hypothermia, electrocution, and other (specify). For this and other less specific questions, we carefully considered the recommendations of those who commented on the form. Regarding cause of death, NASBLA¹⁹ offered the following suggestions:

“This report form is intended to be completed and turned in by the public—a boat owner or operator—following an accident, and the public is generally not qualified to make a cause of death determination. If

¹⁸ It is arguable whether disappearance can be termed a cause of death. The standard reference on causes of death is based on the International Classification of Diseases (ICD)-10th Edition (see <http://www.who.int/classifications/icd/en/>). ICD-10 is high detailed. Of those causes related to transport accidents, code V92 comes closest. This category includes those who are thrown overboard by motion of ship or washed overboard. “Disappearance” is not specifically mentioned. As noted in the main text the recommended form uses the category “disappeared and not yet recovered.”

¹⁹ See letter from John Johnson, Executive Director, NASBLA to “whom it may concern,” dated January 19, 2007.

anyone other than a qualified medical professional enters cause of death on this form, it impeaches the quality of the data collected (even EMTs are not permitted to determine cause of death). If this information is important to collect, this form isn't the appropriate way to do it. In the old form there were only three choices for cause of death; drowning, disappearance, and other. Those choices were sufficient for lay persons.

If the cause of death field is retained, the term 'heart attack' is inappropriate and should at least be changed to the term cardiac arrest. Some cardiac arrests are the result of a heart attack (a lay term that means inadequate cardiac tissue perfusion) but not all 'heart attacks' result in cardiac arrest.

If this field is retained, remove the term hypothermia. Technically, one does not die from immersion hypothermia. Hypothermia eventually leads to unconsciousness and drowning and/or cardiac arrest, and those are already listed. Secondly, even if hypothermia is suspect, a lay person will not be able to determine it was the cause and even a medical professional would be unable to unless a body's core temperature was recorded right at the time of death. Without a life jacket, most people drown in cold water long before they become hypothermic, and those that don't drown die of cardiac arrest."

This is wise advice. We changed the cause of death question to read "Nature of death/disappearance" with answers "Death by drowning," "Death—other likely cause," with an option to provide more detail and finally, "Disappeared and not yet recovered." *If more detailed and accurate answers are required, then it is necessary to have medically qualified personnel provide these answers.*

More broadly, in cases where the wording of the requirements in the CFR permitted latitude in interpretation, we tried to frame questions that were easy (or at least easier) to understand and answer. For example, 33 CFR §175.57 (m) asks for information on "weather forecasts available to, and weather reports used by the operator before and during the use of the vessel." In the present version of the BAR form this is reduced to:

"Weather forecasts/reports available to and used by the operator before and during use of the vessel," to which the person completing the form has two choices "yes" and "no."

This particular question on the present form was criticized by one reviewer (Design Research Engineering [2007]) as "This is a classic 'double barreled' question." We agree. However, our terms of reference did not permit us to delete this required item of information. Instead, we believe it reasonable to assume that weather forecasts are

available for all areas where recreational boating accidents occur,²⁰ and substituted the question: “Weather reports consulted prior to accident?” and added possible responses “Yes” and “No.”²¹

In comments on the present form, the Tennessee Wildlife Resources Agency²² identified several extra data fields (shown in Table 2) on the present BAR form that are not now required by the CFR. We commend their diligence in comparing data fields and the CFR requirements and have deleted some of these fields.

We did modify the form to add the question regarding the “number and type of fire extinguishers on board” because this is required by the federal regulations yet not listed on the present BAR form, an omission noted by the Tennessee Wildlife Resources Agency in their thoughtful comments.²³

Finally, we changed some wording in the federal regulations in the interests of clarity and readability. For example, we changed “personal flotation device” to “life jacket” as this term is more widely understood. Likewise, with one exception (“Vessel safety check” a term of art) the word “boat” was substituted for “vessel” wherever it appeared in the present BAR form.

Language

The BAR form is written in English. We did not translate this form into other languages. However, in the future we think that the benefits of providing the form in various foreign languages to assist the non-native English speaker should be evaluated.

There is ample precedent for providing accident reporting forms in other languages used in the United States. For example, the Federal Motor Carrier Safety Administration (FMCSA) provides many forms in both English and Spanish.²⁴ There are commercial forms producers who provide motor vehicle accident forms in Spanish.²⁵ According to Census data for the year 2000, 17.9% of US residents (though an unknown proportion of boaters) spoke a language other than English at home and 8.1% spoke English less than “very well.”²⁶ Many forms used by social service agencies throughout

²⁰ Weather information (current and forecast) is widely available from newspapers, radio (general and specialized), television, the Internet, weather fax, and from various mobile phone services. The hearing and visually impaired can also receive these warnings by connecting a specially designed NWR to attention-getting devices like strobe lights, personal computers, and text printers. Many pager companies now offer alerting pagers that provide the latest weather information. And the National Weather Service is responsive to any claims of gaps in coverage (see e.g., <http://www.nws.noaa.gov/com/nwsfocus/print/printfs112502.htm> for one story).

²¹ We recognize that this is still a leading question and that boaters may not provide an accurate answer. However, this question was retained because it is required by the CFR.

²² See comments of this agency dated January 19, 2007.

²³ We did not include a question on the amount of each fire extinguisher used because we believed that there was no practical way for the boater to determine the amount of each fire extinguisher used.

²⁴ See e.g., <http://www.fmcsa.dot.gov/forms/print/accident.htm>.

²⁵ See e.g., http://www.tibf.com/images/large/frm_Auto_1_lrg.gif.

²⁶ Data are available from the Census Bureau “Language Use and English-Speaking Ability” available electronically at <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>.

the US are now provided in other languages (e.g., Spanish, Chinese, French, German²⁷) and this should be considered by the Coast Guard for the BAR form. California provides recreational boating information in Spanish.²⁸

Of course, if (in the future) the regulations are revised so that BAR forms are to be completed and submitted by state personnel, this suggestion may be overtaken by events.



Computerized forms

The use of computerized forms, such as through the Internet, has several benefits in terms of availability and ease of access and use. So-called “smart forms” can typically be shorter because these can be structured to “hide” questions and explanatory material that are not applicable or needed based on earlier responses. For example, in the case of a property damage only incident, it is unnecessary to ask questions regarding injuries or the causes of deaths. Pick lists or drop down lists can be incorporated to simplify filling in the form. A computerized form can also provide (with embedded hyperlinks) definitions, directions, and other explanatory material, which would increase comprehension and accuracy.

²⁷ These are listed in decreasing frequency of languages spoken at home in the United States. The relative frequency of language use might differ among those who engage in recreational boating activity.

²⁸ See e.g., <http://www.dbw.ca.gov/Espanol/index.htm>.

As a point of interest, many states now provide either downloadable copies of their forms on the Internet or enable a boater to fill in the form on-line.²⁹ To our knowledge there are no States that presently use “smart forms” for accident reporting. For purposes of this initial project a “paper form” is assumed.

We believe that a smart form is a potentially useful idea for the future. This idea is applicable whether or not the form is to be filled by the operator/owner or an accident investigator. Online forms are inherently different than paper forms and should be developed according to a separate set of design guidelines and usability tested prior to implementation.

Design principles used

We applied proven form design principles to develop the recommended BAR form.³⁰ As shown in Fig. 1, these include use of consistent and simple terminology, easy to understand instructions, and good layout (and fonts). As noted above, we have used the CFR requirements as the *essential elements of information* (EEl) for this project.

²⁹ Several states, e.g., Alaska (<http://www.dnr.state.ak.us/parks/boating/pdf/accident.pdf>), California (<http://www.dbw.ca.gov/PDF/AccidentForms/BAR.pdf>), Colorado (http://parks.state.co.us/NR/rdonlyres/843CD616-2341-4CA0-8FFF-7BBF77A3FCC7/0/Public_BAR.pdf), Connecticut (http://www.ct.gov/dep/lib/dep/Boating/Boating_forms/accidentreport.pdf), Indiana (<http://www.in.gov/dnr/lawenfor/pdf/42528.pdf>), Florida (myfwc.com/law/generalorders/LawForms/forms/FWCDLE_146IV.doc), Massachusetts (http://www.mass.gov/dfwele/dle/MEP_BoatAccidentRpt.pdf), Maine (http://www.maine.gov/ifw/atv_snowmobile_watercraft/pdfs/accidentreportformboat.pdf), Nevada (<http://www.ndow.org/boat/safety/boataccidentreport03.pdf>), New Mexico (<http://www.emnrd.state.nm.us/PRD/BOATINGWeb/documents/EXHIBITA.2.g.6.NewMexicoboataccidentreport2004.pdf>), Ohio (<http://www.dnr.state.oh.us/Portals/4/pdfs/forms/oobar.pdf>), Oregon (<http://www.boatoregon.com/PDF-Forms/BoatingAcc.pdf>), Rhode Island (<http://www.dem.ri.gov/programs/bnatres/enforce/pdfs/boatacc.pdf>), Tennessee (<http://tennessee.gov/twra/pdfs/boataccidentform.pdf>), Wisconsin (<http://www.dnr.state.wi.us/org/es/enforcement/DOCS/4100020.pdf>), Utah (<http://stateparks.utah.gov/docs/boat-incident-accident.pdf>), Virginia (http://www.dgif.state.va.us/boating/boating_accident_form.pdf), and Washington (http://www.boat-ed.com/wa/wa_specific_images/pdfs/wa_acc_rep_2006.pdf), already have accident reporting forms available on the Internet. Not all of these forms can be completed electronically, however. And several states do not provide electronic copies of the forms.

³⁰ There are several standard works on principles of forms design. One very useful reference is from the Australian Government available electronically at http://www.anao.gov.au/uploads/documents/User_Friendly_Forms.pdf.

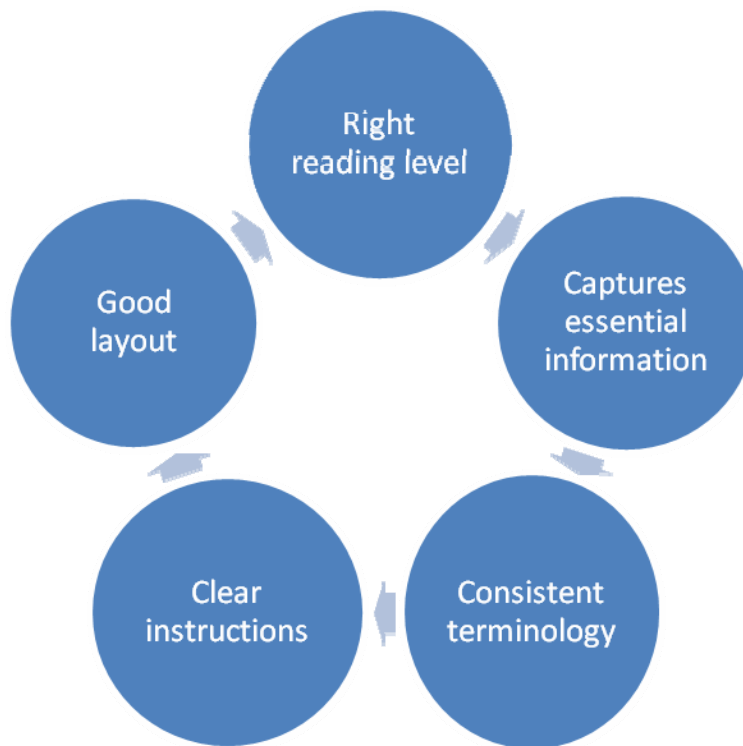


Figure 1. Principles for improved forms design.

-Consistent and simple terminology

To minimize confusion, we modified the form to use consistent terminology throughout. For example, as noted by Design Research Engineering (2007) the terms “USCG approved life jacket,” “life jacket,” and “personal flotation device” are used on the present form, inviting the person completing the form to speculate about possible differences in these terms. In the recommended form these are replaced by the single term “life jacket.” The information requirements given in the federal regulations do not specify use of the term “USCG approved” and the person completing the form may not know whether or not these are USCG approved and/or have a motive for claiming that the lifejacket(s) used were USCG approved.

Terms used in the BAR form should be able to be readily understood by the owner/operator.³¹ Some terminology in the present form (e.g., VSC,³² tertiary, whitewater boating, off-throttle steering, runaway boat, water toys) might be unclear to

³¹ William H. DuBay “The plain-language crisis” in Plain Language at Work, Newsletter 22 March 2003, <http://www.impact-information.com/impactinfo/newsletter/plwork01.htm>. See also http://www.socra.org/pdf/200402_Principles_Forms_Design.pdf.

³² Acronyms might not be understood by the respondent and most reference works indicate that these should be avoided (or defined), see e.g., http://www.anao.gov.au/uploads/documents/User_Friendly_Forms.pdf. In this specific example, we define VSC in the recommended form as “vessel safety check (VSC).”

persons who fill in the form. In other places the language is overly complex (e.g., “Operator of this Vessel [Vessel A]), rather than “operator” within a group of entry fields labeled “Your Boat.” We redesigned the form to minimize use of acronyms and abbreviations, substituted simple lay terms (e.g., boat rather than vessel, person rather than occupant or victim) where possible, and used plain English.

Where available, we relied on Coast Guard experience relative to questions or answers that seemed confusing to respondents and made modifications. For example, one of the choices under boat type was “jet boat.” Experience shows that this answer was widely misunderstood and confused with “personal watercraft.” The answer “jet boat” was deleted as a choice. Boaters who owned craft that could accurately be termed jet boats have the option on the recommended form of choosing “open motorboat” under boat type and “water jet” under type of power.

We used simpler and more familiar terms in the recommended form, even in cases where arguably more correct terms existed. For example, under “accident details-events” we included “collision with fixed object” as a choice. “Allision” is arguably the correct term,³³ but one that is not generally known by the boating public.

Simpler word choices were not available in every instance. We learned from the usability test (see below) that certain terms, including vessel documentation number and hull identification number (HIN) were not known to all respondents. We kept these terms in the recommended form; further simplification would require a change in the CFR. However, we did include instructions that respondents should simply leave entry fields blank, rather than guess, if the answers were not known.

-Easy to understand instructions

We did not provide a separate list of instructions or definitions of terms. There is ample evidence that separate instructions are not read by persons (at least the general public) completing forms. However, where appropriate we added explanatory material in the questions or data fields (such as possible answers) to try to reduce possible confusion and increase the accuracy of responses. We made it easier to read by using bullet points, short phrases, and additional white space rather than exclusive use of prose.

As noted below, we evaluated the recommended form with a usability test on a sample of boaters. Questions/data fields on the form that were reportedly difficult to understand were revised based on this feedback.

-Improved layout

Proper layout is essential for user-friendly forms. As noted by the Australian Government Department of Education, Science, and Teaching: “The best written plain English document won’t be effective—or perhaps won’t even be read—if it is badly

³³ An allision is the “act of striking or collision of a moving vessel against a stationary object.” See <http://www.answers.com/topic/allision>.

designed.”³⁴ We have made many layout changes in the recommended form. Here are a few examples:

- The present BAR form uses all capital letters. Research shows that reading speed and comprehension are increased if mixed case text is used.³⁵ (Interestingly, some people profess to prefer all caps. In fact, one respondent in the usability test (see below) preferred the current BAR form use of all caps. It’s important to realize that *preference* and *performance* are different measures, which often are not highly correlated. In most cases performance is the more important measure.)
- The layout of the recommended form has been modified to group related items together, which also increases comprehension and accuracy. Guidelines suggested in the literature include:³⁶
 - Avoid using all uppercase for large text areas.
 - Avoid using italics for large text areas.
 - Avoid using bolded text for large text areas.
 - Be careful when using colored text. Use dark text on light backgrounds to provide the most contrast, which in turn optimizes legibility.
 - Mixed-case, black and un-bolded type (on a white or at least very light background) is easier to read for large text areas. Use color and bold only to call attention to important items.
 - Use Serif fonts (e.g., Times New Roman) for close-set blocks of text.³⁷
 - Use Sans-serif fonts (e.g., Arial) for large headlines.
 - Use Sans-serif or serif fonts for airy (i.e., not close-set) sections of text.
 - Break up the page by using a variety of font sizes, font weights, and capitalization for different readability focus-points on the page.
 - Use fonts with clearly-identifiable letter shapes, e.g., ‘a’ rather than ‘a’, ‘g’ rather than ‘g.’
 - Use ‘fancy’ fonts very sparingly and only for occasional quirky effect. There is no reason for use of these fonts in the BAR form.

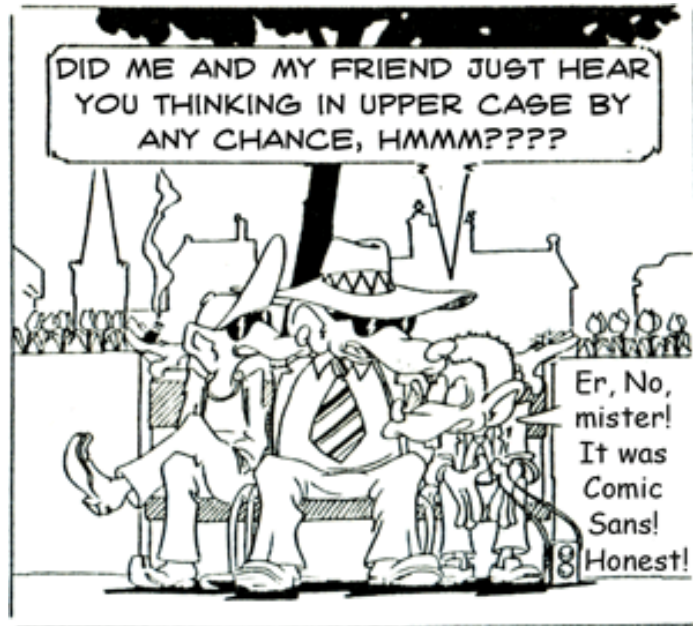
³⁴ See “Design tips” available electronically at http://www.dest.gov.au/sectors/training_skills/publications_resources/plain_english_at_work/design_tips.htm.

³⁵ According to Karen Schriver in her book *Dynamics in Document Design*, “When the text is set in all capital letters, reading speed is slowed by about 13 to 20 percent. Reading speed is optimal when both uppercase and lower case letters are used.” (see http://www.adobe.com/devnet/livecycle/articles/graph_effective_form_design_02.html or <http://www.mcneese.edu/colleges/ed/deptpsy/ajpr/vol1/ajpr11.pdf>).

³⁶ See, for example, <http://www.grc.nasa.gov/WWW/usability/textfontcss.html> or <http://hgrebdes.com/typefaces/fontresearch.php>.

³⁷ See http://www.dest.gov.au/sectors/training_skills/publications_resources/plain_english_at_work/design_tips.htm.

- Short, “busy” forms are appropriate for knowledgeable high frequency users—such as a professional accident investigator in this case. But longer, better organized forms are more user friendly for casual users (see comments on brevity below).³⁸ We made several layout changes to the present BAR form to improve clarity—even though some of these changes increased the length of the form.



- The present form has dark grid lines and very little white space.³⁹ This creates a busy look that is hard to scan and does not help lead the eye in the appropriate order through the various fields.⁴⁰ We changed the layout to use very light gridlines (“watermark”) and added white space to separate field groups to provide a cleaner look that is easier to scan and comprehend.

Entry fields in the present BAR form are not always grouped logically. Logical grouping facilitates the respondent’s accurate recall and reporting of key information⁴¹ such as in this form,

- Report Submission
- Accident Summary
- Your Boat
- Accident Details—External Conditions
- Accident Details—Your Boat
- Accident Details—Activities and Operations on *your* boat
- Accident Details—Events on *your* boat
- Accident Details—Contributing Factors on *your* boat

³⁸ Mayhew, Deborah J., (1992). *Principles and Guidelines in Software User Interface Design*, Prentice-Hall, pp120-130, p 185, and pp 146-148.

³⁹ Appropriate use of white space is an important aspect of form design (see http://www.jasonsantamaria.com/archive/2006/01/05/under_the_loupe_1_white_space.php).

⁴⁰ See e.g., Mayhew, Deborah J., (1992). *Principles and Guidelines in Software User Interface Design*, Prentice-Hall, pp 186-187.

⁴¹ See Mayhew, Deborah J., (1992). *Principles and Guidelines in Software User Interface Design*, Prentice-Hall, pp 127-128 and 150-152.

- Accident Details—Your Boat—injured people receiving *or in need of* treatment beyond first aid
- Accident Details—Your boat—Deaths/disappearances
- Accident Details—Your boat operator
- Accident Details—Other key people
- Names and addresses

This grouping is more logical, reduces redundancy, and is easier to understand.

- The layout of the sections in the present form is inconsistent, making getting oriented in each new section difficult.⁴² The recommended form uses a common set of layout standards across all sections of the form.

As one example of how the layout of the recommended form has been improved and the instructions have been simplified, consider the following instruction in the header of the present BAR form:

“THE OPERATOR OF A VESSEL IS REQUIRED TO SUBMIT A REPORT IN WRITING TO THE STATE REPORTING AUTHORITY WHEN AS A RESULT OF AN OCCURRENCE THAT INVOLVES THE VESSEL OR ITS EQUIPMENT: (1) A PERSON DIES; OR (2) A PERSON IS INJURED AND REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR (3) DAMAGE TO THE VESSEL AND OTHER PROPERTY TOTALS \$2,000 OR MORE OR THERE IS A COMPLETE LOSS OF THE VESSEL; OR (4) A PERSONS DISAPPEARS FROM THE VESSEL UNDER CIRCUMSTANCES THAT INDICATE DEATH OR INJURY. REPORTING AUTHORITIES MAY REQUIRE REPORTS OF PROPERTY DAMAGE LESS THAN \$2,000. THIS REPORT MUST BE SUBMITTED WITHIN 48 HOURS OF THE OCCURRENCE IF A PERSON DIES, IS INJURED, OR DISAPPEARS FROM THE VESSEL. THE REPORT MUST BE SUBMITTED WITHIN 10 DAYS OF THE OCCURRENCE IF THERE IS ONLY DAMAGE TO THE VESSEL AND OTHER PROPERTY. THE OWNER OF THE VESSEL SHALL SUBMIT THIS REPORT TO THE STATE REPORTING AUTHORITY IF THE OPERATOR CANNOT.”

The above five sentences in the present form are hard on the eyes (use of capital letters throughout), difficult (there are 160 words), and not very readable (e.g., use of sans serif font). The use of bold is generally not recommended under the heading of “Don’t shout” at the audience.⁴³ And, most authorities agree that you should “never set a whole sentence or paragraph in **CAPITAL LETTERS**.”⁴⁴

⁴² Mayhew, Deborah J., (1992). *Principles and Guidelines in Software User Interface Design*, Prentice-Hall, pp 141-143.

⁴³ See

http://www.dest.gov.au/sectors/training_skills/publications_resources/plain_english_at_work/design_tips.htm.

⁴⁴ This is a direct quote from

http://www.dest.gov.au/sectors/training_skills/publications_resources/plain_english_at_work/design_tips.htm.

Consider the recommended alternative shown below:

Report required because in this accident (select all that apply)

- At least one person *died*
If so, how many? _____
- At least one person involved in the accident
required or was in need of treatment beyond first aid
If so, how many? _____
- At least one person involved in this accident
disappeared and has not yet been recovered
If so, how many? _____
- All boat or other property damage (e.g., fishing hunting gear)
caused by this accident *totaled(or likely totaled) \$2,000 or more:*
Approximate value of damage to *your* boat \$ _____
Approximate value of damage to *your* other property \$ _____
- Your or another boat in this accident was (or likely was) a *total loss*

To be submitted within:

48 hours (disappearance
or death)

10 days (property damage
only)

Report submitted by (select all that apply):

- Boat Operator (required if possible)
- Boat owner (if operator unable or same as operator)
- Other (describe): _____

The recommended alternative is much simpler and easier to read and understand, and also incorporates instructional information into the data fields themselves, ensuring that respondents will see and read the instructions.

-Brevity

Other things being equal, shorter forms are better than longer forms. However, brevity is not the sole design criterion. The recommended BAR form is (in terms of the number of pages) longer than the present BAR form—six pages compared to four pages. But, all the information collected is used for the purpose of the form, no questions are asked that are readily available to the States or the Coast Guard, and much of the additional length is due to improved layout. (In future design efforts the length may be able to be reduced by, for example, use of a computerized form or reducing the information requirements now contained in the CFR.) *To lend perspective, the recommended BAR form—though longer than the latest version—is actually no longer than those used as late as 2005 and no longer than the form currently in use by some states (e.g., Colorado, New Mexico, and Washington).*

Related to the brevity objective, we redesigned the form so that, if the person reporting were to fill in only the first page, useful data could be captured to enable investigators to follow-up.

Comments of key partners

Several key partners, such as members of NASBLA,⁴⁵ the National Boating Safety Advisory Council (NBSAC), and the United States Power Squadrons (USPS®) read this report in draft. For the most part reaction to the recommended form was very

⁴⁵ More specifically, members of the Boating Accident Investigation, Reporting & Analysis (BAIRAC) Committee of NASBLA.

favorable. This said, many constructively-critical comments were received and we made revisions to the recommended form based on these comments. For example:

- Four respondents (Major Felix Hensley, Boating Law Administrator, Indiana Department of Natural Resources, Sergeant Eric Lundin, Connecticut Environmental Conservation Police, Tamara L. Terry, Ohio Department of Natural Resources, and Mr. Dick Snyder, Mercury Marine) suggested that “engine make” (not on the present BAR form, but included in previous forms) be added. The Office of Boating Safety, however, did not agree that the “engine serial number” should also be added because of concerns that the reliability/accuracy of this information has proven questionable.
- Several respondents felt that the recommended BAR form was not sufficiently clear in terms of the definition of “other key people” on page 4 of the recommended form. We also observed some confusion on this definition on the usability test. This portion of the form has been revised to make clear that other key people include all who were other boat operators/owners, owners of damaged property, passenger on your boat, and any witnesses.

These are just two examples of the many revisions made in response to the comments of key partners.

However, not all suggestions made by our key partners were adopted. In particular, suggestions that were inconsistent with the terms of reference were not adopted, *even if we thought they were reasonable*. Thus, for example, Tamara L. Terry, Ohio Department of Natural Resources wrote in a preamble to detailed comments on the recommended form:

“Before launching into various adjustments to the revised form as presented, let me reiterate that many of the items on this form (both in its old form and in its revised form) continue to be outside the scope of what the Operator or Owner can reasonably be expected to fill out accurately and consistently. As examples, Operators/Owners are generally not qualified to determine a cause of death (unless, by chance, they happen to be a coroner), and most persons filling out this form would be hesitant to honestly indicate whether alcohol had been involved in, or might have been a cause of, the accident. These facts have been discussed at length at previous BAIRAC meetings, so I won’t go into more detail here, but suffice to say that an in-depth look and potential (probable) revision to the CFR to eliminate and/or restructure information on the form continues to be needed...I was pleased to see that there was some thought given (as indicated in for form revision process document) to making this a two-part form in the future. This would definitely assist us here in Ohio where our officers complete many of the investigatory items included in BARD-web through our own Watercraft Accident Report form...”

Although we did not make the recommended revision because it would be inconsistent with CFR requirements (as stated elsewhere in this report) we do believe that it is a useful suggestion and have included an analysis of the two-tier strategy as part of our recommended way forward.

Mr. Dick Snyder of Mercury Marine asked: “Why does the BAR on page one in INFORMATION ASSOCIATED WITH THE VESSEL continue to ask for ‘Depth from Transom (stern) to Keel (bottommost point) of Vessel?’ Who would ever use or care about such an odd dimension. Who would ever try to measure it?” [Emphasis in original.] We did not change this—even though we believe that the comment has merit—because of the language in the CFR.

Another commenter (Design Research Engineering) also argued⁴⁶ strenuously that the form should be designed for the investigator, not the boat operator/owner. In reading through an earlier draft of this report they commented:

“Design Principles [a reference to this report in draft] does hold out promise that this issue [who fills out the form] will be addressed...The operable words here are ‘are being considered’ and ‘may’ and ‘if sufficient justification exists’ [references to language in the draft report]. Our reasonable, lay interpretation is that it is not going to happen any time soon.

This is an ill-advised course of action. Basically there is a means, a demand, and a need for change to the reporting system: flexibility in the regulations, widespread use of an ill-suited boat owner/operator form by law enforcement officials, and the critical need for high quality information on boating accidents. The quality of the design process and data collection is compromised by not designing both forms concurrently (for the boat operator/owner and law enforcement).”

This report contains recommendations and does not present Coast Guard views or intentions. As noted above, we believe that some two-form system is a reasonable suggestion. It cannot be developed within the time frame necessitated by this effort because changes in the CFR are necessary to make this feasible. Whether or not this will be completed “any time soon” is not under our control. This said, USCG has received copies of all comments on this report and earlier comments on the present BAR form. They are also fully aware of views of NASBLA and are committed to continuous improvement in the system.

Design Research Engineering (August 2007) also commented on this report in draft as follows:

“We strongly recommend the development of a clear reverse path between the data elements that are required to meet the anticipated reporting and

⁴⁶ Memorandum to Bruce Schmidt, USCG and L. Daniel Maxim, dated August 30, 2007.

analysis needs, and the data collected from the draft BAR form. These analytical and reporting needs can be drawn from, for example, the content of the USCG's annual "Boating Statistics" report or boating safety initiatives that require periodic evaluation."

We agree that such a procedure would be useful to define the essential elements of information. As noted above, we based the design of this form on the elements of information contained in the CFRs. Time and scope constraints precluded a more comprehensive approach. Nonetheless, there is merit to a "blank sheet" approach to forms design in which the need to each element of information would be justified based on the anticipated uses of the data derived from these forms.

This and other potentially useful suggestions are being retained for future work.

Usability test

We conducted a limited (seven subjects, all boaters and some fisherman as well⁴⁷) usability test as part of this work and made revisions to the recommended form based on the results of the usability test. The intent of the usability test was to identify any "serious" flaws in the design, rather than to draw statistical inferences. The majority of the individuals sampled were male (6 of 7), college educated (7 of 7), roughly half (3) were 41 – 55 years of age, the other half were older, all were experienced boaters, most with around 50 years of experience.

The usability test provided information on respondents views of the present and recommended forms. More important, it identified questions/fields that were ambiguous or difficult to understand, and permitted us to make appropriate revisions.

Despite the limited sample size, the results of the usability test were interesting. For example we found that:

- Nearly half (3 of 7) of the respondents did not know that it was necessary for the operator/owner to complete a BAR form and most (5 of 7) did not know under what circumstances the form is required (i.e., the definition of a reportable accident). Most (6 of 7) did not know where to get blank forms when needed or where to submit them. *This certainly highlights the need to educate recreational boaters on the requirements for submitting the form.*

⁴⁷ Design Research Engineering (30 August 2007 memorandum) was pleased that a usability test was conducted. However, they stated "The draft form should be pre-tested with law enforcement officials, who frequently complete the form, especially for boating accidents involving serious injury or fatality. Since it is likely that law enforcement will find the draft form ill-suited to their needs and knowledge-level, an optimal course of action is to begin designing a form specifically for the law enforcement community. We respectfully disagree with the *Design Principles* assertion that the regulations do not allow this." We do not purport to provide legal analysis of the CFR. Our brief was to develop a form that could be completed by the operator/owner of the boat. We do agree that the development of any subsequent forms should be field-tested with the population who will be filling out the form. If a two-tier system is implemented, then it will be appropriate to field test the form with the target populations.

- *The recommended form was consistently preferred to the present form in several respects.* For example, respondents reported that it was easier to determine if a report was required, to whom to send the report, more likely to be completed, easier to understand and complete accurately, had an improved layout (including adequate space for responses), and the font and *reduced* capitalization were preferred. It is interesting to note that some respondents actually believed that the recommended BAR form was shorter than the present form—a subjective assessment.
- *Respondents were unsure about the meaning of certain terms* (e.g., medical treatment beyond first aid, vessel documentation number, hull identification number, dam/lock, failure to vent, external navigational aid, and gunwale). We made some changes based on this result, but retained certain terms, such as vessel documentation number and hull identification number even though one or more respondents did not know the meaning of these terms.
- *Respondents felt answers to some questions were unclear or subjective.* For example, possible answers relative to wind and water conditions were questioned by respondents. Regarding water conditions the use of the descriptors “Calm,” “Choppy,” “Rough,” and “Very rough” were subjective—even though we defined each of these terms (e.g., the calm water condition was defined as up to 6 in. waves). We agree that the descriptive terms, by themselves, admitted to various interpretations—what is choppy relative to the operator of a 60-ft sailing vessel might differ if an 8-ft rowboat were being used. As a compromise, we placed the quantitative description first, followed by a qualitative characterization in parentheses, for example, “Up to 6 in. waves (calm).”
- *Respondents were irritated by certain questions.* For example, they were irritated that “age” and “date of birth” were both included as fields. Thus, we eliminated “date of birth” and retained “age.” As a second example, respondents queried the necessity of including “inches” as well as “feet” in characterizing the length and beam of their boats; we changed the fields to feet only and changed the header to read “Size estimates.” In these and other cases we made changes to the form to address their concerns, unless doing so would compromise compliance with the CFR requirements.
- *The recommended form still requires time and effort to complete.* We made several revisions to the recommended form based on the usability test, but some difficulties remain. In our opinion these remaining difficulties can only be resolved by eliminating some of the essential elements of information EEIs now required by the CFR or relaxing the present requirement that the form be completed by the operator/owner.

Sensitive to the negative impression a longer form might make on operators/owners, we limited the length of the *initial draft* of the recommended form to six pages - two pages more than the current form, but in fact still fewer pages than many state forms.

We revised the initial draft of the recommended form to produce a final draft based on the comments and results of the usability test. However, we held the length of the *final draft* of the recommended BAR form to six pages while still improving the layout, readability, and impression of the form. In so doing we made several compromises. For example:

- Both internal reviewers and some usability test respondents indicated a desire for more room in the accident description entry area on page 1 of our initial draft of the recommended form. However, this (as well as other legitimate suggestions) would have required adding pages to the recommended form, so we chose not to take this suggestion at this time. Instead in this case, we added an instruction line indicating that respondents could attach additional pages on which to continue their accident description if necessary. This seemed like a reasonable compromise in the timeframe we had to complete the revision of the form.
- It is worth noting however, that during the usability test, some respondents clearly indicated they would *prefer a longer form that was better organized, better laid out and easier to understand*, to a shorter form that achieved brevity by sacrificing these things. Some indicated it really did not matter at all how long the form was if it was truly and optimally 'user friendly'. In addition, some test respondents actually thought the recommended form (six pages) they filled out was *shorter* than the current form (four pages), and in addition they thought it took less time to fill out in spite of the fact that it actually took slightly longer.

We recommend that in any next revision of the form, consideration be given to the possibility of lengthening the form in order to incorporate more potentially useful redesign ideas learned during this current revision process. If this is done, it would be important to run another usability study on the lengthened and redesigned form to validate the hypothesis that these changes in fact resulted in positive benefits.

Summary

A new BAR form has been developed. This form captures the requirements now contained in the CFR, incorporates many of the suggestions offered by NASBLA and other key partners, uses proven design principles to increase form readability and user-friendliness, and reflects lessons learned in the usability test. The new form is slightly longer (largely because of increased white space and a more organized and consistent layout), but significantly easier to read and understand. This recommended form (after Coast Guard review and possible revision) will be submitted for public comment.

There is a French proverb to the effect that “the good is the enemy of the excellent,” meaning that an “adequate solution” may blind us to the possibility of a much better solution. The Russian version of the same proverb is “the excellent is the enemy of the good,” meaning that the quest for perfection may prevent us from implementing an acceptable solution. In a sense, both versions of this proverb are correct. We believe that, given constraints on time and scope, the recommended BAR form is a significant improvement over the present form. We also believe that the recommended form is not the ultimate solution and that there are promising opportunities for further improvements.

As part of the BAR form redesign effort, we made several suggestions for further work. We believe that the design and evaluation of improved forms should continue expeditiously.

The Way Forward

The next step is for the Coast Guard to decide whether to go forward with the recommended BAR form to replace the current form. Assuming that the Coast Guard favors the recommended form, it will be submitted (after possible changes) for public review and comment. The Coast Guard will consider these comments and decide on the final version of the form for the coming year.

Beyond this immediate action the BAR form will be periodically revised. As noted above, one of the assumptions of this preliminary redesign effort is that the new form would comply with all the information requirements of the present CFR. In the short term it was not possible to modify these requirements. However, in the longer term these can be changed. This is a topic for further review. One particular assumption made in this effort is that the BAR form should be completed by operator/owner of the boat. As noted above, many believe it is desirable to institute a two-tier reporting requirement in which the operator/owner fills out a much simplified form and the cognizant agency fills in a more comprehensive form on all reportable boating accidents. In principle, such a two-tier scheme might be very attractive because the operator notification form could be *radically* simplified, which should increase the response rate. As well, the operator form could be modified to eliminate possible self-incriminating questions; investigating authorities could provide these answers. Based on conversations with many NASBLA personnel and others, this is a potentially attractive option. (Nonetheless, it needs to be evaluated carefully. It is possible that many more accidents would be reported if a much simpler form were used by operators⁴⁸, which would have workload implications for the States. Moreover, the present reporting deadlines must also be considered. Would each state be prepared to submit the BAR within the present submission deadlines?)

Many states already have two BAR forms at present—one that is filled in by the operator/owner and the other that is filled in by an accident investigator. The latter form is used for those accidents that qualify as “reportable.” One reason for having such a system is that some data now provided by operators/owners are not believed reliable. Use of the recommended BAR form should make it easier to understand—*it remains to be seen whether the responses from this form will be sufficiently accurate to use directly or whether a follow-up investigation is required in any event.* If so, a radically simplified operator report form could be designed. The principal purpose of the simplified form would be to alert investigators to the fact that an accident occurred. Additionally, the simplified operator form could provide very basic information that might be used for statistical purposes in the event that the State did not follow-up on the accident. There is

⁴⁸ Indeed, one goal of a radically simplified form is that non-response rates for otherwise “reportable” accidents would decrease substantially. This would be highly desirable in terms of correctly estimating the social costs of recreational boating accidents. However, this could result in substantial increases in workload if each accident were investigated by competent personnel. This is not meant to suggest that a two-tier system is not appropriate. Rather it means that systematic analysis is required.

no reason for undue delay in analyzing options or in developing a revised form (or set of forms). The Coast Guard and partners could easily begin such a project in parallel with the approval process for the recommended form.

We believe that it is appropriate to carefully review carefully the essential elements of information (EIs) on the form. This should be done in parallel with any redesign effort.

Several other suggestions are noted above and/or have been made by others. For example, the use of smart forms and making these forms available in other languages are ideas with possible merit.

There is probably more to do on the selection of typeface, font size, and use (if any) of color. We chose the font size in part to avoid making the form “too long.” But there is evidence that (particularly for older readers) larger font sizes are easier to read⁴⁹—and color can make a difference.

While forms should be designed to increase readability and clarity, this is only one of several possible initiatives that might be considered to increase response rates. Efforts to increase boater awareness of legal requirements might have merit. Here are some other ideas:

- Expand coverage of the requirements to report accidents in public education offerings of States and such organizations as the United States Coast Guard Auxiliary and the United States Power Squadrons. Produce additional flyers/posters that publicize accident reporting requirements.⁵⁰ One such poster is reproduced at the end of this section.
- Publicize the fact that the BAR form cannot be used in any subsequent litigation in certain states. Under current law (46 USC Section 6102) “If a State marine casualty reporting system provides that information derived from casualty reports (except statistical information) may not be publicly disclosed, or otherwise prohibits use by the State or any person in any action or proceeding against a person, the Secretary may use the information provided by the State only in the same way that the State may use the information.” Many States now require that this information be treated as confidential.
- Explain what is done with the data and why this benefits all boaters to help answer the question “why should I fill in this form?” One answer is that it is legally required. A more compelling reason is that it can help improve boating safety. Present texts used in public education classes generally mention that completing this form is required by law and may provide information on how to

⁴⁹ See, e.g., <http://hgredes.com/typefaces/fontresearch.php> and also <http://www.psych.ucalgary.ca/PACE/VA-Lab/gkconnol/Thesis.html>.

⁵⁰ Such products are already available, see <http://www.art4use.com/barposter/pdfs/involved11.pdf>.

get this form. Little (if any) space is devoted to an explanation of why completing this form benefits boating safety.⁵¹

- Have insurance companies require a copy of the completed BAR form as a condition for reimbursement—this is a common requirement for motor vehicle accidents.
- Increase the severity of penalties for and/or the likelihood of detection of non-compliance.
- Continue to develop statistical techniques to correct for non-response.

These are illustrative ideas only. These should be evaluated before making recommendations.

Thus, the work described in this report should be seen as one of many future efforts aimed at continuous improvement in the overall reporting and analysis methodology for recreational boating accidents. And the Coast Guard is well advised to be mindful of the comment⁵² that “quality data begins with quality data-collection forms.”

Acknowledgements

We appreciate the help and guidance furnished by Jeff Hoedt, Jeff Ludwig, and Bruce Schmidt of the Office of Boating Safety and Arthur A. Requina of the USCG Office of Information Management in the BAR form redesign effort. We also appreciate the many useful suggestions of all who commented on the present BAR form and on this report in draft. Their rapid turnaround of the review draft was particularly noteworthy—this final report is materially better because of their contributions. The views and recommendations contained in this report are those of the authors and do not necessarily represent the positions or policies of the United States Coast Guard or the Coast Guard Auxiliary Association.

⁵¹ One useful web site posting provides a justification for completing the form: “The need to fill out an accident report is to be able to develop safety regulations as well develop manufacturing standards to provide better boats and, boating standards. The information contained in such reports is also helpful in educating people on boating safety...Without these reports the possibility exist that boating accidents are overlooked with more injuries and even fatalities as a result.” See <http://www.boating-102.com/tag/boating-accident/>.

⁵² Design Research Engineering 30 August memorandum, *Op. Cit.*

Table 1. *Required contents of report as specified in 33 CFR Ch. 1, Part 173 Subpart C – Casualty and Accident Reporting, §173.57 Contents of report. This defines the minimum reporting requirements.*

(a) The numbers and names of each vessel involved.	(n) The name and address of each owner of property involved.
(b) The name and address of each owner of each vessel involved.	(o) The availability and use of personal flotation devices.
(c) The name of the nearest city or town, the county, the State, and the body of water.	(p) The type and amount of each fire extinguisher used.
(d) The time and date the casualty or accident occurred.	(q) The nature and extent of each injury.
(e) The location on the water.	(r) A description of all property damage and vessel damage with an estimate of the cost of all repairs.
(f) The visibility, weather, and water conditions.	(s) A description of each equipment failure that caused or contributed to the cause of the casualty.
(g) The estimated air and water temperatures.	(t) A description of the vessel casualty or accident.
(h) The name, address, age, or date of birth, telephone number, vessel operating experience, and boating safety training of the operator making the report.	(u) The type of vessel operation (cruising, drifting, fishing, hunting, skiing, racing, or other), and the type of accident (capsizing, sinking, fire, or explosion or other).
(i) The name and address of each operator of each vessel involved.	(v) The opinion of the person making the report as to the cause of the casualty, including whether or not alcohol or drugs, or both, was a cause or contributed to causing the casualty.
(j) The number of persons on board or towed on skis by each vessel.	(w) The make, model, type (open, cabin, house, or other), beam width at widest point, length, depth from transom to keel, horsepower, propulsion (outboard, inboard, inboard outdrive, sail, or other), fuel (gas, diesel, or other), construction (wood, steel, aluminum, plastic, fiberglass, or other), and year built (model year), of the reporting operator’s vessel.
(k) The name, address, and date of birth of each person injured or killed.	(x) The name, address, and telephone number of each witness.
(l) The cause of each death.	(y) The manufacturer’s hull identification number, if any, of the reporting operator’s vessel.
(m) Weather forecasts available to, and weather reports used by, the operator before and during the use of the vessel.	(z) The name, address, and telephone number of the person submitting the report.

Table 2. *Information requested on Form CG-3865 (Rev. 12-06) that does not appear to be prescribed by 33 CFR §173.57.*

1. Page 1 – The operator’s gender, male or female.
2. Page 1 – Operator wearing a safety lanyard at the time of the accident.
3. Page 1 – Rented vessel (yes or no).
4. Page 1 – Current vessel safety check (VSC) (yes or no).
5. Page 1 – Operator arrested due to boating under the influence (BUI) for this accident only.
6. Page 1 – Operator blood alcohol concentration (BAC) level.
7. Page 2 – Engine(s) used to propel the vessel, (number of engines).
8. Page 2 – Did the accident result in a “Hit and Run”?
9. Page 2 – Vessel speed at the time of the accident, (not moving, etc....)
10. Page 3 – (Injured victim information) Age of victim.
11. Page 3 – (Injured victim information) Was injured victim admitted to the hospital?
12. Page 3 – (Injured victim information) Was a life jacket worn by the victim inflatable?
13. Page 3 – (Injured victim information) Type of life jacket worn (Type I, etc...)
14. Page 3 – (Injured victim information) Injury caused by (Check all that apply)
15. Page 3 – (Injured victim information) Alcohol use apparent by the injured victim
16. Page 3 – (Injured victim information) Blood alcohol concentration (BAC)
17. Page 3 – (Injured victim information) Drug use apparent by the injured victim
18. Page 3 – (Injured victim information) Specify the type(s) of drugs being used:
19. Page 3 – (Injured victim information) Victim status at the time of the accident
20. Page 3 – (Injured victim information) Victim activity at the time of the accident
21. Page 3 – (Deceased victim information) Was victim struck by the propeller?
22. Page 3 – (Deceased victim information) Was victim struck by the vessel?
23. Page 3 – (Deceased victim information) Was the life jacket worn by the victim inflatable?
24. Page 3 – (Deceased victim information) Type of life jacket worn
25. Page 3 – (Deceased victim information) Victim status at the time of the accident
26. Page 3 – (Deceased victim information) Victim activity at the time of the activity
27. Page 3 – (Deceased victim information) Alcohol use apparent by the victim
28. Page 3 – (Deceased victim information) Blood alcohol concentration (BAC) level:
29. Page 3 – (Deceased victim information) Drug used apparent by the victim
30. Page 3 – (Deceased victim information) Type(s) of drugs being used:
31. Page 4 – (Witness information) Telephone number
32. Page 4 – (Owners of property information) Telephone number
33. Page 4 – (Operator or owner of other vessel(s) information) Telephone number

Source: Tennessee Wildlife Resources Agency

BOATERS!

INVOLVED in an ACCIDENT?

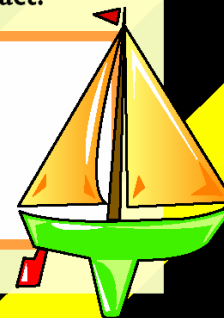
The boat owner or operator is required to report the accident.

The operator or owner of any recreational boat is required to file a Boating Accident Report if the boat is involved in an incident that results in:

1. Person's death or disappearance; or
2. Injury which requires medical treatment beyond first aid; or
3. Damage to the boat and other property exceeding _____; or
4. Complete loss of the boat.

Boat operators are required to report their accident to local authorities in the state where the accident occurred. To obtain a Boating Accident Report form, contact:

Produced under a grant from the Aquatic Resources (Wallop/Breaux) Trust Fund administered by the U.S. Coast Guard.





Collision with non-commercial boat?



Person left boat voluntarily?



Collision with fixed object?

Appendix A

The Present BAR Form

This appendix provides a copy of the present BAR form that was revised (based on the contents of the main report) to produce the recommended form.

THE OPERATOR OF A VESSEL IS REQUIRED TO SUBMIT A REPORT IN WRITING TO THE STATE REPORTING AUTHORITY WHEN AS A RESULT OF AN OCCURRENCE THAT INVOLVES THE VESSEL OR ITS EQUIPMENT: (1) A PERSON DIES; OR (2) A PERSON IS INJURED AND REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR (3) DAMAGE TO THE VESSEL AND OTHER PROPERTY TOTALS \$2,000 OR MORE OR THERE IS A COMPLETE LOSS OF THE VESSEL; OR (4) A PERSON DISAPPEARS FROM THE VESSEL UNDER CIRCUMSTANCES THAT INDICATE DEATH OR INJURY. REPORTING AUTHORITIES MAY REQUIRE REPORTS OF PROPERTY DAMAGE LESS THAN \$ 2,000. THIS REPORT MUST BE SUBMITTED WITHIN 48 HOURS OF THE OCCURRENCE IF A PERSON DIES, IS INJURED, OR DISAPPEARS FROM THE VESSEL. THE REPORT MUST BE SUBMITTED WITHIN 10 DAYS OF THE OCCURRENCE IF THERE IS ONLY DAMAGE TO THE VESSEL AND OTHER PROPERTY.

THE OWNER OF THE VESSEL SHALL SUBMIT THIS REPORT TO THE STATE REPORTING AUTHORITY IF THE OPERATOR CANNOT.

OVERALL ACCIDENT INFORMATION – TO BE COMPLETED BY THE OPERATOR OF THIS VESSEL (VESSEL A)

STATE	DATE OF ACCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	NUMBER OF VESSELS INVOLVED								
COUNTY	LOCATION ON THE WATER										
NEAREST CITY OR TOWN	NAME OF BODY OF WATER										
WEATHER FORECASTS / REPORTS AVAILABLE TO AND USED BY THE OPERATOR BEFORE AND DURING USE OF THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO											
WEATHER (CHECK ALL THAT APPLY) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM (WAVES LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6')	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0 - 12 MPH) <input type="checkbox"/> MODERATE (13 - 24 MPH) <input type="checkbox"/> STRONG (25 - 54 MPH) <input type="checkbox"/> STORM (55 MPH AND OVER)	VISIBILITY <table style="width:100%; border:none;"> <tr> <td style="width:50%;">DAY</td> <td style="width:50%;">NIGHT</td> </tr> <tr> <td><input type="checkbox"/> GOOD</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> FAIR</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> POOR</td> <td><input type="checkbox"/></td> </tr> </table>	DAY	NIGHT	<input type="checkbox"/> GOOD	<input type="checkbox"/>	<input type="checkbox"/> FAIR	<input type="checkbox"/>	<input type="checkbox"/> POOR	<input type="checkbox"/>
DAY	NIGHT										
<input type="checkbox"/> GOOD	<input type="checkbox"/>										
<input type="checkbox"/> FAIR	<input type="checkbox"/>										
<input type="checkbox"/> POOR	<input type="checkbox"/>										
		ESTIMATED TEMPERATURE (DEGREES FAHRENHEIT) AIR () WATER () STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO									

OPERATOR INFORMATION – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

NAME	LAST	FIRST	MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	STREET		CITY	STATE ZIP CODE
TELEPHONE NUMBER	()	DATE OF BIRTH (MO/DAY/YR)		AGE IN YEARS
EXPERIENCE OPERATING THIS VESSEL <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS <input type="checkbox"/> OTHER (SPECIFY)		FORMAL INSTRUCTION (TRAINING) COURSE COMPLETED IN BOATING SAFETY <input type="checkbox"/> NONE <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> U.S. POWER SQUADRONS <input type="checkbox"/> INTERNET (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)		
OPERATOR WEARING A USCG APPROVED LIFE JACKET AT THE TIME OF THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING A SAFETY LANYARD (ENGINE SHUT OFF DEVICE) AT THE TIME OF THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		

INFORMATION ASSOCIATED WITH VESSEL A – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

NUMBER OF PERSONS WHO DIED	NUMBER OF PERSONS DISAPPEARED	WAS VESSEL A TOTAL LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF PERSONS INJURED REQUIRING MEDICAL TREATMENT BEYOND FIRST AID		AMOUNT OF DAMAGE TO THIS VESSEL \$
AMOUNT OF DAMAGE TO OTHER PROPERTY \$	TOTAL PROPERTY DAMAGE AMOUNT \$	
DESCRIBE VESSEL DAMAGE	DESCRIBE OTHER PROPERTY DAMAGE	
VESSEL REGISTRATION NUMBER	HULL IDENTIFICATION NUMBER (HIN)	
VESSEL NAME	NAME OF VESSEL MANUFACTURER	
VESSEL MODEL	YEAR BUILT	VESSEL LENGTH (FEET AND INCHES)
VESSEL BEAM WIDTH AT WIDEST POINT (FEET AND INCHES)	DEPTH FROM TRANSOM (STERN) TO KEEL (BOTTOMMOST POINT) OF VESSEL	
VESSEL DOCUMENTATION NUMBER	NUMBER OF PERSONS ON BOARD VESSEL	
RENTED VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT VESSEL SAFETY CHECK (VSC) DECAL <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PERSONS BEING TOWED
USCG APPROVED LIFE JACKETS ON BOARD THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO LIFE JACKETS ACCESSIBLE (CAPABLE OF BEING REACHED) <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF VESSEL OCCUPANTS (OPERATOR AND PASSENGERS) WEARING LIFE JACKETS AT THE TIME OF THE ACCIDENT	OPERATOR ARRESTED DUE TO BOATING UNDER THE INFLUENCE (BUI) FOR THIS ACCIDENT ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO OPERATOR BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL	FIRE EXTINGUISHERS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO USED <input type="checkbox"/> YES <input type="checkbox"/> NO

VESSEL INFORMATION – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> PERSONAL <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> WATERCRAFT (PWC) <input type="checkbox"/> CANOE <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> INFLATABLE <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> KAYAK <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> JET BOAT	TYPE OF HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> RUBBER / VINYL / CANVAS <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF ENGINE USED TO PROPEL THE VESSEL <input type="checkbox"/> OUTBOARD <input type="checkbox"/> STERNDRIVE - (I/O) <input type="checkbox"/> INBOARD <input type="checkbox"/> NONE TYPE OF PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST <input type="checkbox"/> OTHER (SPECIFY)	ENGINE (S) USED TO PROPEL THE VESSEL NUMBER OF ENGINES TOTAL HORSEPOWER TYPE OF FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC
--	--	--	--

OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> BEING TOWED <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> CRUISING <input type="checkbox"/> DOCKING / UNDOCKING <input type="checkbox"/> DRIFTING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> ROWING / PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> TIED TO DOCK / MOORING <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER ACTIVITY	TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE) <input type="checkbox"/> CAPSIZING <input type="checkbox"/> CARBON MONOXIDE EXPOSURE <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL <input type="checkbox"/> PERSON DEPARTED VESSEL <input type="checkbox"/> PERSON EJECTED FROM VESSEL <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> FALL WITHIN A VESSEL <input type="checkbox"/> FALL ON A VESSEL <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FIRE / EXPLOSION (FUEL) <input type="checkbox"/> FIRE / EXPLOSION (OTHER THAN FUEL) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> GROUNDING <input type="checkbox"/> SINKING <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> STRUCK BY A VESSEL <input type="checkbox"/> STRUCK BY PROPELLER OR PROPULSION UNIT <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> OTHER (SPECIFY)
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DID THE ACCIDENT RESULT IN A "HIT AND RUN" <input type="checkbox"/> YES <input type="checkbox"/> NO	VESSEL SPEED AT THE TIME OF THE ACCIDENT <input type="checkbox"/> NOT MOVING <input type="checkbox"/> UNDER 10 MPH <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> 21 - 40 MPH <input type="checkbox"/> OVER 40 MPH
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CONTRIBUTING FACTORS (CHECK ALL THAT APPLY) <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> CARELESS/RECKLESS OPERATION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> DAM / LOCK <input type="checkbox"/> DRUG USE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> FORCE OF WAKE / WAKE <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> FAILURE TO YIELD <input type="checkbox"/> LACK OF / OR IMPROPER BOAT LIGHTS <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> NO PROPER LOOKOUT <input type="checkbox"/> NAVIGATION AID MISSING / INADEQUATE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OVERLOADING <input type="checkbox"/> PASSENGER / SKIER BEHAVIOR <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> RULES OF THE ROAD VIOLATION <input type="checkbox"/> SHARP TURN <input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOW, OR TRANSOM <input type="checkbox"/> STARTING IN GEAR <input type="checkbox"/> SUDDEN MEDICAL CONDITION (HEART ATTACK, STROKE, SEIZURE) <input type="checkbox"/> WEATHER (HEAVY) <input type="checkbox"/> LACK OF / IMPROPER SKI OBSERVER <input type="checkbox"/> OTHER (SPECIFY):	SPECIFY "EQUIPMENT FAILURE" <input type="checkbox"/> AUXILIARY EQUIPMENT FAILURE (e.g., GENERATOR) <input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE <input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE <input type="checkbox"/> SAIL DISMASTING <input type="checkbox"/> SEAT BROKE LOOSE <input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE <input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED SPECIFY "MACHINERY FAILURE" <input type="checkbox"/> ELECTRIC SYSTEM FAILURE <input type="checkbox"/> ENGINE FAILURE <input type="checkbox"/> FUEL SYSTEM FAILURE <input type="checkbox"/> SHIFT FAILURE <input type="checkbox"/> STEERING SYSTEM FAILURE <input type="checkbox"/> THROTTLE FAILURE <input type="checkbox"/> VENTILATION SYSTEM FAILURE
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INJURED VICTIMS ASSOCIATED WITH VESSEL A (IF MORE THAN 1 INJURY, ATTACH ADDITIONAL FORMS)

NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS	STREET	CITY	
AGE OF VICTIM	DATE OF BIRTH	STATE	ZIP CODE
INJURY REQUIRING MEDICAL TREATMENT BEYOND FIRST AID <input type="checkbox"/> YES <input type="checkbox"/> NO WAS INJURED VICTIM ADMITTED TO A HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF PRIMARY INJURY (CHECK ONE IN EACH COLUMN BELOW)	
WAS A LIFE JACKET WORN BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LIFE JACKET WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED <input type="checkbox"/> YES <input type="checkbox"/> NO		BODY REGION (CHECK ONE) ___ HEAD / FACE ___ NECK ___ BACK ___ CHEST / ABDOMEN ___ SHOULDER / ARM ___ WRIST / HAND / FINGER ___ PELVIS / HIP ___ KNEE / LEG ___ ANKLE / FOOT / TOE	NATURE OF INJURY (CHECK ONE) ___ ABRASION / CONTUSION (BRUISE) ___ AMPUTATION ___ CARBON MONOXIDE POISONING ___ CONCUSSION / BRAIN INJURY ___ DISLOCATION ___ FRACTURE / BROKEN BONE ___ HEART ATTACK ___ INTERNAL ORGAN INJURY ___ LACERATION / CUT ___ SPINAL CORD INJURY ___ SPRAIN / STRAIN
INJURY CAUSED BY (CHECK ALL THAT APPLY) EXPOSURE TO ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH FIXED / FLOATING OBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH WATER <input type="checkbox"/> YES <input type="checkbox"/> NO BEING STRUCK BY THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO BEING STRUCK BY THE PROPELLER <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER (PLEASE SPECIFY):		PRIMARY INJURY: BODY REGION: ___ OTHER (SPECIFY): ___ SECONDARY INJURY: BODY REGION: ___ OTHER (SPECIFY): ___	
ALCOHOL USE APPARENT BY THE INJURED VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL:		PRIMARY INJURY: NATURE OF INJURY: ___ OTHER (SPECIFY): ___ SECONDARY INJURY: NATURE OF INJURY: ___ OTHER (SPECIFY): ___	
DRUG USE APPARENT BY THE INJURED VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY THE TYPE (S) OF DRUGS BEING USED:			
VICTIM STATUS AT THE TIME OF THE ACCIDENT <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATERSKIING <input type="checkbox"/> OTHER (SPECIFY):	

DECEASED VICTIMS ASSOCIATED WITH VESSEL A (IF MORE THAN 1 DEATH, ATTACH ADDITIONAL FORMS)

NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS	STREET	CITY	
AGE OF VICTIM	DATE OF BIRTH	STATE	ZIP CODE
CAUSE OF DEATH <input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> HEART ATTACK <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)	WAS VICTIM STRUCK BY THE PROPELLER <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A LIFE JACKET WORN BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LIFE JACKET WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WAS VICTIM STRUCK BY THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	VICTIM STATUS AT THE TIME OF THE ACCIDENT <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY):	
	VICTIM STATUS AT THE TIME OF THE ACCIDENT <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY):	VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATERSKIING <input type="checkbox"/> OTHER (SPECIFY)	
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL USE APPARENT BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL:	DRUG USE APPARENT BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE(S) OF DRUGS BEING USED:	

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS) AND CONTRIBUTING FACTORS. INCLUDE FAILURE OF MACHINERY OR EQUIPMENT. INCLUDE A DIAGRAM AND 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 PERSONAL FLOATION DEVICES (PFDS). PLEASE DO NOT LIST ANY PERSONAL IDENTIFIERS IN THIS SECTION -- SUCH AS NAMES OF INDIVIDUALS, TELEPHONE NUMBERS, STREET ADDRESSES, ETC. REFER TO INDIVIDUALS AS OPERATOR A, OPERATOR B, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL A, VESSEL B, ETC. FOR EXAMPLE: OPERATOR OF VESSEL (A) DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL (B) INJURING VICTIMS (1) AND (2) ON VESSEL (B).

WITNESSES FOR THIS ACCIDENT (IF MORE THAN ONE – LIST ON A SEPARATE SHEET)

NAME	LAST	FIRST	TELEPHONE NUMBER ()	
ADDRESS	STREET	CITY	STATE	ZIP CODE

OWNERS OF PROPERTY INVOLVED (IF MORE THAN ONE – LIST ON A SEPARATE SHEET)

NAME	LAST	FIRST	TELEPHONE NUMBER ()	
ADDRESS	STREET	CITY	STATE	ZIP CODE

OWNER INFORMATION FOR VESSEL A

NAME	LAST	FIRST	MIDDLE INITIAL	
ADDRESS	STREET	CITY		
TELEPHONE NUMBER ()		STATE	ZIP CODE	

PERSON SUBMITTING THIS REPORT FOR VESSEL A

STATUS OF PERSON COMPLETING THIS REPORT OPERATOR OWNER
 OTHER (OPERATOR AND OWNER ARE UNABLE TO COMPLETE THIS REPORT) -- SPECIFY WHO IS COMPLETING THIS REPORT:

NAME	LAST	FIRST	TELEPHONE NUMBER ()	
ADDRESS	STREET	CITY	STATE	ZIP CODE
SIGNATURE			DATE SUBMITTED	

**OPERATOR OR OWNER OF THE OTHER VESSEL (VESSEL B) INVOLVED IN THE ACCIDENT
EACH VESSEL OPERATOR OR OWNER IS REQUIRED TO FILE A SEPARATE AND COMPLETE REPORT**

NAME	LAST	FIRST	TELEPHONE NUMBER ()	
ADDRESS	STREET	CITY	STATE	ZIP CODE

FOR STATE AGENCY USE ONLY

OFFICIAL	LAST NAME	FIRST	TELEPHONE NUMBER ()	
PRIMARY CAUSE OF THE ACCIDENT		SECONDARY CAUSE OF THE ACCIDENT		
SIGNATURE OF REVIEWING OFFICIAL			DATE REVIEWED	

An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number. The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-3PCB), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20593.

Appendix B

The Recommended BAR Form

This appendix provides a copy of the recommended BAR form developed as part of this project.

Recreational Boating Accident Report

NOTE: each boat operator/owner involved in an accident should submit a separate report.
Estimated report form completion time: 30 min
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

REPORT SUBMISSION

Report required because (select all that apply):

- At least one person in this accident *died*:
If so, how many?
- At least one injured person in this accident *required or was in need of treatment beyond first aid*:
If so, how many?
- At least one person in this accident *disappeared* and has not yet been recovered:
If so, how many?
- All boat and other property *damage* (e.g., fishing/hunting gear) caused by this accident *totaled* (or likely totaled) \$2,000 or more:
Approximate value of damage to *your* boat: \$
Approximate value of damage to *your* other property: \$
- Your or another *boat* in this accident was (or likely was) a *total loss*

Report submitted by (select all that apply):

- Boat Operator (required if possible)
- Boat Owner (if operator unable, or same as operator)
- Other (describe):

First name: Last name:
 Phone: - -

To be submitted within:

48 hours (if injury, disappearance or death)
 10 days (if boat/property *damage only*)

To be submitted to:

(Local State Reporting Authority)

Town
 ST 12345
 Phone: 111-222-3333

An agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control number.

For State Agency Use Only

First name:
 Last name:
 Phone:

Primary cause of accident:

ACCIDENT SUMMARY

WHEN
 Date: mm/dd/yy
 Time: : am pm (select one)

WHERE
 Body of water name:
 Location (on water) description:
 Nearest city/town:
 County:
 State:

YOUR BOAT - PEOPLE

# people <i>on board</i> (including operator):	<input type="text"/>
# people <i>being towed</i> (e.g., on tubes, skis):	<input type="text"/>
# people <i>wearing lifejackets</i> (on board or towed):	<input type="text"/>

OTHER BOATS INVOLVED IN ACCIDENT

of *other* boats involved?

ACCIDENT DESCRIPTION
 Briefly describe this accident (attach extra pages if necessary):

DAMAGE TO YOUR BOAT
 Briefly summarize any damage to *your* boat:

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)
 Briefly summarize any damage to *your* other property (not boat):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT

BOAT IDENTIFICATION

Your boat name:	<input type="text"/>	Manufacturer:	<input type="text"/>
Model name:	<input type="text"/>	Model year:	<input type="text"/>
Registration #:	<input type="text"/>	Documentation #:	<input type="text"/>
Hull Identification # (HIN):	<input type="text"/>	Rented:	<input type="radio"/> Yes <input type="radio"/> No

SIZE ESTIMATES

Length:	<input type="text"/> ft.	Depth from transom (stern) to keel (bottommost point):	<input type="text"/> ft. <input type="text"/> in.	Beam width at widest point:	<input type="text"/> ft.
---------	--------------------------	--	---	-----------------------------	--------------------------

HULL MATERIAL

Type of hull material (select one):

<input type="radio"/> Fiberglass	<input type="radio"/> Wood	<input type="radio"/> Rubber/vinyl/canvas	<input type="radio"/> Other (describe):	<input type="text"/>
<input type="radio"/> Aluminum	<input type="radio"/> Steel	<input type="radio"/> Plastic		

BOAT TYPE

Boat type (select one):	Available propulsion (select all that apply):
<input type="radio"/> Cabin motorboat <input type="radio"/> Inflatable <input type="radio"/> Canoe <input type="radio"/> Personal watercraft (PWC) <input type="radio"/> Open motorboat <input type="radio"/> Houseboat <input type="radio"/> Rowboat (e.g., Wave Runner™, <input type="radio"/> Auxiliary sail <input type="radio"/> Sail (only) <input type="radio"/> Air boat Jet Ski™, Sea-Doo™) <input type="radio"/> Pontoon boat <input type="radio"/> Kayak <input type="radio"/> Other (describe): <input type="text"/>	<input type="checkbox"/> Propeller <input type="checkbox"/> Air thrust <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="checkbox"/> Manual <input type="checkbox"/> Water jet

ENGINE

# engines: <input type="text"/>	Engine type and horsepower (select one):	Fuel type (select all that apply):
Manufacturer: <input type="text"/>	<input type="radio"/> Outboard <input type="radio"/> Sterndrive (I/O) <input type="radio"/> Inboard <input type="radio"/> None Total horsepower: <input type="text"/> hp	<input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel

SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

<input type="checkbox"/> US Coast Guard Auxiliary: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Federal Agency (Name): <input type="text"/>
<input type="checkbox"/> US Power Squadrons: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> State Agency (Name): <input type="text"/>
	<input type="checkbox"/> Other Agency (Name): <input type="text"/>

Life jackets on board: # Fire extinguishers on board: Type of fire extinguishers (e.g., ABC):

ACCIDENT DETAILS - EXTERNAL CONDITIONS

WEATHER

Overall weather was (select one):	It was	Visibility was	Wind was (select one):
<input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Snowing <input type="radio"/> Foggy <input type="radio"/> Hazy <input type="radio"/> Other (describe): <input type="text"/>	(select one): <input type="radio"/> Day <input type="radio"/> Good <input type="radio"/> Night <input type="radio"/> Fair <input type="radio"/> Poor	(select one): <input type="radio"/> 0 mph (none) <input type="radio"/> Over 0, up to 12 mph (light) <input type="radio"/> Over 12, up to 25 mph (moderate) <input type="radio"/> Over 25, up to 55 mph (strong) <input type="radio"/> Over 55 mph (stormy)	
	Approximate air temperature: <input type="text"/> °F		

WATER

Overall water conditions (select one):	Other water conditions:
<input type="radio"/> Up to 6 in. waves (calm) <input type="radio"/> Over 6 in., up to 2 ft. waves (choppy) <input type="radio"/> Over 2 ft., up to 6 ft waves (rough) <input type="radio"/> Over 6 ft. waves (very rough)	Approximate water temperature: <input type="text"/> °F Strong current? <input type="radio"/> Yes <input type="radio"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="radio"/> Yes <input type="radio"/> No Congested waters? <input type="radio"/> Yes <input type="radio"/> No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - YOUR BOAT

MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident (select all that apply):

- | | | | | |
|---|---|-----------------------------------|--|--|
| <input type="checkbox"/> Engine | <input type="checkbox"/> Sail/mast | <input type="checkbox"/> Steering | <input type="checkbox"/> Radio | <input type="checkbox"/> Fire extinguisher |
| <input type="checkbox"/> Electrical system | <input type="checkbox"/> Onboard lights | <input type="checkbox"/> Throttle | <input type="checkbox"/> Auxiliary equipment | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Fuel system | <input type="checkbox"/> Seats | <input type="checkbox"/> Shift | <input type="checkbox"/> Sound equipment (e.g., horn, whistle) | |
| <input type="checkbox"/> Onboard navigation aids (e.g., GPS, Loran) | <input type="checkbox"/> Other (list): <input type="text"/> | | | |

ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT

OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident :

Activities were (select one):

- Commercial
 Recreational

Operator/passenger activities (select all that apply):

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Tubing | <input type="checkbox"/> Starting engine | <input type="checkbox"/> Other (list):
<input type="text"/> |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Making repairs | |
| <input type="checkbox"/> White water activity (e.g., rafting) | <input type="checkbox"/> Relaxing | | |

BOAT OPERATIONS

Your boat operations at time of accident (select all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Racing | <input type="checkbox"/> Changing direction | <input type="checkbox"/> Towing another vessel |
| <input type="checkbox"/> Cruising (underway under power) | <input type="checkbox"/> At anchor | <input type="checkbox"/> Changing speed | <input type="checkbox"/> Launching |
| <input type="checkbox"/> Drifting | <input type="checkbox"/> Being towed | <input type="checkbox"/> Tied to dock/mooring | <input type="checkbox"/> Docking/undocking |
| <input type="checkbox"/> Rowing/paddling | <input type="checkbox"/> Other (list): <input type="text"/> | | |

ACCIDENT DETAILS - EVENTS ON YOUR BOAT

ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Collision with recreational boat | <input type="checkbox"/> Flooding/swamping | <input type="checkbox"/> Person fell overboard |
| <input type="checkbox"/> Collision with commercial boat (e.g., tug, barge) | <input type="checkbox"/> Fire/explosion - fuel | <input type="checkbox"/> Person fell on/within boat |
| <input type="checkbox"/> Collision with fixed object (e.g., dock, bridge) | <input type="checkbox"/> Fire/explosion - non-fuel | <input type="checkbox"/> Sudden medical condition |
| <input type="checkbox"/> Collision with submerged object (e.g., stump, cable) | <input type="checkbox"/> Carbon monoxide exposure | <input type="checkbox"/> Person struck by boat |
| <input type="checkbox"/> Collision with floating object (e.g., log, buoy) | <input type="checkbox"/> Mishap of skier, tuber, wakeboarder, etc. | <input type="checkbox"/> Person struck by propeller or propulsion unit |
| <input type="checkbox"/> Capsizing | <input type="checkbox"/> Person left boat voluntarily | <input type="checkbox"/> Person electrocuted |
| <input type="checkbox"/> Grounding | <input type="checkbox"/> Person ejected from boat (caused by collision or maneuver) | |
| <input type="checkbox"/> Sinking | | |
| <input type="checkbox"/> Other (describe): <input type="text"/> | | |

ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT

CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident (select all that apply):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Operator inattention | <input type="checkbox"/> Hazardous waters | <input type="checkbox"/> Restricted vision (e.g., fog) |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Operator inexperience | <input type="checkbox"/> Heavy weather | <input type="checkbox"/> Missing/inadequate aids to navigation (e.g., buoy, daymarker) |
| <input type="checkbox"/> Excessive speed | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Hull failure | <input type="checkbox"/> Inadequate on-board navigation lights |
| <input type="checkbox"/> Improper anchoring | <input type="checkbox"/> Navigation rules violation | <input type="checkbox"/> Ignition of fuel or vapor | <input type="checkbox"/> People on gunwale, bow or transom |
| <input type="checkbox"/> Improper loading | <input type="checkbox"/> Failure to vent | <input type="checkbox"/> Starting in gear | |
| <input type="checkbox"/> Overloading | <input type="checkbox"/> Dam/lock | <input type="checkbox"/> Sharp turn | |
| <input type="checkbox"/> Improper lookout | <input type="checkbox"/> Force of wake/wave | | |
| <input type="checkbox"/> Other (describe): <input type="text"/> | | | |

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**ACCIDENT DETAILS - YOUR BOAT -
INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID**

Report only injured people on or struck by *your boat*, receiving or in need of treatment beyond first aid.
Do not report injured people on or being pulled by *another boat or no boat* (e.g., swimmers, scuba divers, people on a dock).
If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

INJURED PERSON

First: MI: Last:

Street:

City: State: Zip: -

Phone: - - Age:

INJURY DETAILS

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water)</p> <p><input type="checkbox"/> Was struck by a: <input type="text"/> (e.g., boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p> <p>Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Person received treatment beyond first aid? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Person was admitted to a hospital? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Nature of most serious injury (select one):</p> <p><input type="radio"/> Scrape/bruise <input type="radio"/> Dislocation</p> <p><input type="radio"/> Cut <input type="radio"/> Internal organ injury</p> <p><input type="radio"/> Sprain/strain <input type="radio"/> Amputation</p> <p><input type="radio"/> Concussion/brain injury <input type="radio"/> Burn</p> <p><input type="radio"/> Spinal cord injury <input type="radio"/> Other (describe): <input type="text"/></p> <p><input type="radio"/> Broken/fractured bone <input type="text"/></p> <p>Body part of most serious injury (e.g., head, hip, knee): <input type="text"/></p>
--	--

ACCIDENT DETAILS - YOUR BOAT - DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people *on your boat*, or *struck by your boat*.
If more than one death/disappearance to report, attach additional copies of this page.
If none, SKIP DEATHS/DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED

First: MI: Last:

Street:

City: State: Zip: -

Phone: - - Age:

DETAILS OF DEATH/DISAPPEARANCE

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water)</p> <p><input type="checkbox"/> Was struck by a: <input type="text"/> (e.g., boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	<p>Nature of death/disappearance (select one):</p> <p><input type="radio"/> Death - by drowning</p> <p><input type="radio"/> Death - other likely cause (describe): <input type="text"/></p> <p><input type="radio"/> Disappeared and not yet recovered</p> <p>Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> No</p>
--	---

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - YOUR BOAT OPERATOR

OPERATOR INSTRUCTION

Boating safety instruction completed (select all that apply):

None

State course

USCG Auxiliary course

US Power Squadrons course

Internet (name of sponsoring organization):

Other (describe):

OPERATOR EXPERIENCE

Experience operating this type of boat (select one):

0 to 10 hours Over 100, up to 500 hours

Over 10, up to 100 hours Over 500 hours

OPERATOR SAFETY MEASURES

On board, prior to accident, was operator wearing:

A lifejacket?

Yes No

An engine cut-off switch (Lanyard) if equipped?

Yes No

On board, prior to accident, was operator using:

Alcohol?

Yes No

Drugs?

Yes No

Operator arrested for Boating Under the Influence?

Yes No

Weather reports consulted prior to accident?

Yes No

ACCIDENT DETAILS - OTHER KEY PEOPLE

Only report other key people *not already documented* as injured, died, disappeared or operator/owner of *your* boat. If more than two other key people to report, attach additional copies of this page.

NAME/ADDRESS

This other key person was a(n) (select all that apply):

Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness

First: MI: Last:

Street:

City: State: Zip: -

Other boat name (if any): Phone: - -

Other boat registration # (if any):

NAME/ADDRESS

This other key person was a(n) (select all that apply):

Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness

First: MI: Last:

Street:

City: State: Zip: -

Other boat name (if any): Phone: - -

Other boat registration # (if any):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT OPERATOR

NAME/ADDRESS

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>

AGE/GENDER/PHONE

Age:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
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YOUR BOAT OWNER

If same as *your* boat operator SKIP rest of YOUR BOAT OWNER section.

NAME/ADDRESS/PHONE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

PERSON SUBMITTING THIS REPORT

If same as *your* boat operator OR owner , SKIP rest of PERSON SUBMITTING THIS REPORT section.

NAME/ADDRESS/PHONE/ROLE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

I was a(n) (select one):

- Other person on board *this* boat
- Accident witness *not* on board *this* boat
- Other (describe):

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yy
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Submit any comments on this report form to:
Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington DC 20593.

Appendix C

Illustrative State BAR Forms

This appendix contains examples of state BAR forms, including those from the States of Alaska, California, Colorado, Connecticut, Massachusetts, Nevada, New Mexico, Ohio, Rhode Island, Utah, and Washington.



STATE OF ALASKA
(Rev. 3/03)

PLEASE TYPE OR PRINT - FILL OUT COMPLETELY

BOATING ACCIDENT REPORT

CASE NO.

The operator of a boat used for non-commercial purposes is required to file a report in writing whenever a boating accident results in loss of life or disappearance from a vessel, an injury which requires medical treatment beyond first aid, property damage in excess of \$500, or complete loss of the vessel. Federal law requires reports in death and injury cases must be submitted within 48 hours, and reports in other cases must be submitted within 10 days. Reports may be submitted either to any office of the State of Alaska, Dept. of Public Safety or by mail to: State of Alaska, Office of Boating Safety, 550 W. 7th Ave., Suite 1370, Anchorage, AK 99501. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT	TIME AM PM	NAME OF BODY OF WATER	LOCATION (Give Location Precisely)		
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		STATE	ZIP CODE	
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy	WATER CONDITIONS <input type="checkbox"/> Calm (Waves less than 6") <input type="checkbox"/> Choppy (Waves 6" to 2 feet) <input type="checkbox"/> Rough (Waves 2 feet to 6 feet) <input type="checkbox"/> Very Rough (Greater than 6 feet) <input type="checkbox"/> Strong Current		TEMPERATURE (Estimate) Air _____ °F Water _____ °F	WIND <input type="checkbox"/> None <input 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)	VISIBILITY DAY NIGHT <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>
NAME OF OPERATOR		DRIVER'S LICENSE NO.	OPERATOR ADDRESS		
OPERATOR TELEPHONE NUMBER ()	DATE OF BIRTH Mo Day Year	OPERATOR'S EXPERIENCE <input type="checkbox"/> None <input type="checkbox"/> Under 100 Hours <input type="checkbox"/> Over 100 Hours	INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (Specify)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	NAME OF OWNER				
OWNER ADDRESS					
OWNER TELEPHONE NUMBER ()	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

BOAT NO. 1 (This Vessel)

BOAT REGISTRATION OR DOCUMENTATION NUMBER	STATE	HULL IDENTIFICATION NUMBER	BOAT NAME	
BOAT MANUFACTURER	LENGTH	MODEL	YEAR BUILT	
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe / Kayak (circle) <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (specify)	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Other (specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-Sterndrive (I/O) <input type="checkbox"/> Airboat FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail	PERSONAL FLOTATION DEVICES (PFDs): Was Boat Adequately equipped with Coast Guard Approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
OPERATION AT TIME OF ACCIDENT (Check all Applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Drifting <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Other (Specify)		ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> Fishing <input type="checkbox"/> Tournament <input type="checkbox"/> Hunting <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Waterskiing/Tubing/Etc. <input type="checkbox"/> Racing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Fueling <input type="checkbox"/> Starting Engine <input type="checkbox"/> Non-Recreational <input type="checkbox"/> Other (Specify)	NUMBER OF ENGINES TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No USED? <input type="checkbox"/> Yes <input type="checkbox"/> No
ESTIMATED SPEED <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> None <input type="checkbox"/> 21 - 40 MPH <input type="checkbox"/> Under 10 MPH <input type="checkbox"/> Over 40 MPH		TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Struck By Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (Specify)		WHAT CONTRIBUTED TO ACCIDENT (Check all Applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol Use <input type="checkbox"/> drug Use <input type="checkbox"/> Hull Failure <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Congested Waters <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Hit and Run				

(COMPLETE OTHER SIDE)

DECEASED (If More Than 2 Fatalities, Attach Additional Forms)

NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEATH CAUSED BY?	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Disappearance
NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEATH CAUSED BY?	<input type="checkbox"/> Drowning <input type="checkbox"/> Other	<input type="checkbox"/> Disappearance

INJURED (If More Than 2 Injuries, Attach Additional Forms)

NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY	
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY	
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PEOPLE ABOARD THIS BOAT (If More Than 2 People, Attached Additional Forms)

NAME		ADDRESS			
DATE OF BIRTH	WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME		ADDRESS			
DATE OF BIRTH	WAS PFD WORN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	AS A RESULT OF ACCIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

BOAT NO. 2 (If More Than 2 People, Attach Additional Forms)

NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ()	BOAT REGISTRATION OR DOCUMENTATION NUMBER	STATE	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ()			

PROPERTY DAMAGE

ESTIMATED AMOUNT:	THIS BOAT AND CONTENTS	OTHER BOAT(S) AND CONTENTS:	OTHER PROPERTY:
	\$	\$	\$

ACCIDENT DESCRIPTION: Please describe the sequence of events, using additional sheets as necessary. Include any information regarding the the use of PFDs, the failure of equipment, and the involvement of alcohol and / or drugs in causing or contributing to the accident. Attach any diagrams.

WITNESSES NOT ON THIS VESSEL

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER ()

PERSON COMPLETING REPORT

NAME	ADDRESS	TELEPHONE NUMBER ()
SIGNATURE	QUALIFICATION <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER	DATE SUBMITTED

FOR AGENCY USE ONLY

CAUSES BASED ON (Check One):	<input type="checkbox"/> This Report	<input type="checkbox"/> Investigation	<input type="checkbox"/> Investigation and This Report	<input type="checkbox"/> Other
NAME OF REVIEWING OFFICE	DATE RECEIVED	<input type="checkbox"/> RECREATIONAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NON-REPORTABLE
PRIMARY CAUSE	SECONDARY CAUSE			

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

The operator of every recreational vessel is required by Section 656 of the Harbors and Navigation Code to file a written report whenever a boating accident occurs which results in death, disappearance, injury that requires medical attention beyond first aid, total property damage in excess of \$500, or complete loss of a vessel. Reports must be submitted within 48 hours in case of death occurring within 24 hours of an accident, disappearance, or injury beyond first aid. All other reports must be submitted within 10 days of the accident. Reports are to be submitted to the California Department of Boating and Waterways at 2000 Evergreen Street, Suite 100, Sacramento, California 95815-3888, (916) 263-8189. Failure to submit this report as required is a misdemeanor and is punishable by a fine not to exceed \$1000 or imprisonment not to exceed 6 months or both.

DATE OF ACCIDENT (M/D/Y)	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY	BODY OF WATER	LOCATION ON WATER
# INJURED	# DEAD	TOTAL \$\$	LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME

WEATHER (CHECK ALL THAT APPLY): <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM (waves less than 6") <input type="checkbox"/> CHOPPY (waves 6"-2') <input type="checkbox"/> ROUGH (waves 2'-6') <input type="checkbox"/> VERY ROUGH (waves >6')	WIND CONDITIONS <input type="checkbox"/> NONE <input 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)	TEMPERATURE	
			VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	AIR <input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> CAPSIZING <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> FALL OVERBOARD <input type="checkbox"/> FALL IN BOAT <input type="checkbox"/> OTHER _____	CAUSE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> OVERLOADING
<input type="checkbox"/> FIRE / EXPLOSION (fuel) <input type="checkbox"/> FIRE / EXPLOSION (other than fuel) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> STRUCK BY BOAT / PROPELLER <input type="checkbox"/> SKIER MISHAP	<input type="checkbox"/> HAZARDOUS WEATHER / WATER <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> OTHER _____

DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT
 (Explain the cause of death or injury, medical treatment, etc. Use sketch if helpful. If needed, continue description on additional paper.)

VICTIM OR WITNESS INFORMATION

VICTIM / WITNESS NAME & ADDRESS	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	AGE	INJURY DESCRIPTION	CAUSE OF DEATH	COULD VICTIM SWIM?	LIFE JACKET WORN?
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INFORMATION: OPERATOR #1

OPERATOR NAME AND ADDRESS AGE	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER NAME AND ADDRESS	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
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INFORMATION: VESSEL #1

(YOUR VESSEL)

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____			FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
LIFE JACKETS WORN <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____			HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____
PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____			OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL SPEED _____ MPH			<input type="checkbox"/> DRIFTING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____

INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS AGE	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER NAME AND ADDRESS	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
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INFORMATION: VESSEL #2

(OTHER VESSEL INVOLVED)


THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE \$\$	RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____			FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
LIFE JACKETS WORN <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____			HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____
PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____			OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL SPEED _____ MPH			<input type="checkbox"/> DRIFTING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____

NAME OF PERSON COMPLETING THE REPORT _____

SIGNATURE OF PERSON COMPLETING THE REPORT _____

QUALIFICATION OF PERSON COMPLETING REPORT

OPERATOR OWNER OTHER (specify)

 Colorado State Parks STATE OF COLORADO - DIVISION OF PARKS BOATING ACCIDENT REPORT FORM		REPORTING AGENCY	
		CASE NUMBER	CONNECTING CASE #
THE OPERATOR OF EVERY VESSEL IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER A BOATING ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRED MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS MUST BE SUBMITTED WITHIN 5 DAYS. ALL REPORTS MUST BE SUBMITTED TO THE DIVISION OF PARKS AND OUTDOOR RECREATION, 13787 S. HWY. 85, LITTLETON, COLORADO 80125. ANY PERSON FAILING TO FILE THIS REPORT WHEN REQUIRED IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED AS PROVIDED FOR BY LAW. (C.R.S. AS AMENDED)			
COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")			
ACCIDENT DATA			
NUMBER OF PERSONS DECEASED	NUMBER INJURED BEYOND FIRST AID		NUMBER DISAPPEARED
NUMBER OF VESSELS INVOLVED	TOTAL PROPERTY DAMAGE AMOUNT \$		WAS VESSEL A TOTAL LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF ACCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		LATITUDE
LOCATION NAME	STATE	COUNTY	LONGITUDE
NAME OF BODY OF WATER	NEAREST CITY OR TOWN		ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REPORTED	TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY CODE
REPORT STATUS <input type="checkbox"/> STATE REPORTABLE <input type="checkbox"/> USCG REPORTABLE <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> USCG NON-REPORTABLE			
WEATHER (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY <input type="checkbox"/> UNKNOWN	WATER CONDITIONS <input type="checkbox"/> CALM (WAVES < 6") <input type="checkbox"/> CHOPPY (WAVES 6" - 2') <input type="checkbox"/> ROUGH (WAVES 2' - 6') <input type="checkbox"/> VERY ROUGH (> 6') <input type="checkbox"/> STRONG / SWIFT CURRENT	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0 - 12 MPH) <input type="checkbox"/> MODERATE (13 - 24 MPH) <input type="checkbox"/> STRONG (25 - 54 MPH) <input type="checkbox"/> STORM (55 MPH AND OVER)	TEMPERATURE AIR ()°F WATER ()°F
		VISIBILITY DAY NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>	
PERSON COMPLETING REPORT			
LAST NAME	FIRST	PHONE NO. ()	
STREET ADDRESS	CITY	STATE	ZIP
STATUS OF PERSON COMPLETING REPORT <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER (SPECIFY)			
SIGNATURE		DATE SUBMITTED	
FOR AGENCY USE ONLY			
CAUSES BASED ON (CHECK ONE) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER (SPECIFY)			
NAME OF REVIEWING STATE REPORTING AUTHORITY		DATE RECEIVED	
SIGNATURE OF REVIEWING OFFICIAL		DATE REVIEWED	
INVESTIGATOR'S LAST NAME	FIRST	PHONE NO. ()	
PRIMARY CAUSE	SECONDARY CAUSE	TERTIARY CAUSE	

OPERATOR / OWNER INFORMATION 1 (IF MORE THAN 3, ATTACH ADDITIONAL FORMS)

OPERATOR 1 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		OPERATOR INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS (SPECIFY) (SPECIFY)		
	OWNER 1 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()			

OPERATOR / OWNER INFORMATION 2

OPERATOR 2 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		OPERATOR INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS (SPECIFY) (SPECIFY)		
	OWNER 2 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()			

OPERATOR / OWNER INFORMATION 3

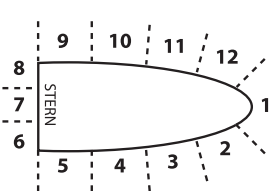
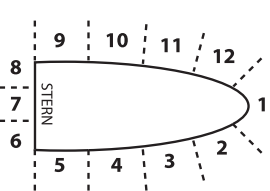
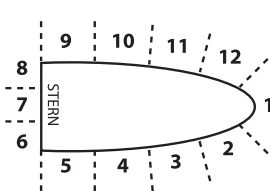
OPERATOR 3 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		OPERATOR INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS (SPECIFY) (SPECIFY)		
	OWNER 3 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. ()			

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS) AND CONTRIBUTING FACTORS. INCLUDE FAILURE OF MACHINERY OR EQUIPMENT. INCLUDE A DIAGRAM AND 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 PERSONAL FLOATATION DEVICES (PFDs).

PLEASE DO NOT LIST ANY PERSONAL IDENTIFIERS IN THIS SECTION -- SUCH AS NAMES OF INDIVIDUALS, TELEPHONE NUMBERS, STREET ADDRESSES, ETC. REFER TO INDIVIDUALS AS OPERATOR 1, OPERATOR 2, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL 1, VESSEL 2, ETC.

FOR EXAMPLE: OPERATOR OF VESSEL 1 DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL 2 INJURING VICTIMS 1 AND 2 ON VESSEL 2.

<p>VESSEL # _____</p> <p>INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE (PERSONAL INJURY ONLY) 	<p>VESSEL # _____</p> <p>INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE (PERSONAL INJURY ONLY) 	<p>VESSEL # _____</p> <p>INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE (PERSONAL INJURY ONLY)
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VESSEL INFORMATION (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)			
NUMBER DECEASED FOR THIS VESSEL		OPERATOR DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF DAMAGE FOR THIS VESSEL \$		NUMBER INJURED BEYOND FIRST AID FOR THIS VESSEL	
AMOUNT OF DAMAGE TO OTHER PROPERTY \$		DESCRIBE VESSEL DAMAGE	
AMOUNT OF DAMAGE TO OTHER PROPERTY \$		DESCRIBE OTHER PROPERTY DAMAGE	
VESSEL REGISTRATION NUMBER		STATE	VESSEL MAKE
HULL IDENTIFICATION NUMBER (HIN)		VESSEL MODEL	
NAME OF VESSEL MANUFACTURER		YEAR BUILT	VESSEL LENGTH IN FEET AND INCHES
RENTED VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR LIVED AT VESSEL OWNER'S RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO VESSEL OWNER WAS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OPERATOR <input type="checkbox"/> NOT PRESENT		BUI ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATOR BAC _____			
COAST GUARD (USCG) APPROVED PERSONAL FLOTATION DEVICES (PFDs) REQUIRED NUMBER OF USCG APPROVED PFDs ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USCG APPROVED PFDs ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING USCG PFD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
		SAFETY LANYARD USED APPROPRIATELY <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> CANOE <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> INFLATABLE <input type="checkbox"/> KAYAK <input type="checkbox"/> JET BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT (PWC) <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> OTHER (SPECIFY)	VESSEL HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (SPECIFY)	ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> STERNDRIVE - <input type="checkbox"/> SAIL INBOARD (I/O) <input type="checkbox"/> MANUAL <input type="checkbox"/> INBOARD <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST
		NUMBER OF ENGINES _____	
		ENGINE MAKE _____	
		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC	
		TOTAL HORSEPOWER FOR PRIMARY ENGINE (S) _____	
		ENGINE SERIAL NUMBER (S) _____	
ACCIDENT EVENTS AND CONTRIBUTING FACTORS			
OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> BEING TOWED <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> CRUISING <input type="checkbox"/> DOCKING/UNDocking <input type="checkbox"/> DRIFTING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> TIED TO DOCK/MOORING <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> TOWING WATER DEVICE OR SKIER <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER BOATING <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE) ____ CAPSIZING ____ CARBON MONOXIDE EXPOSURE ____ COLLISION WITH FIXED OBJECT ____ COLLISION WITH FLOATING OBJECT ____ COLLISION WITH VESSEL ____ ELECTROCUTION ____ FALL WITHIN A VESSEL ____ FALL ON A VESSEL ____ FALL OVERBOARD ____ FIRE OR EXPLOSION (OTHER) ____ FIRE/EXPLOSION (FUEL) ____ FLOODING/SWAMPING ____ GROUNDING ____ PERSON LEAVES A VESSEL ____ PERSON EJECTED FROM A VESSEL ____ SINKING ____ SKIER MISHAP ____ STRUCK BY VESSEL ____ STRUCK BY PROPELLER OR PROPULSION UNIT ____ STRUCK SUBMERGED OBJECT ____ OTHER (SPECIFY)	
BOATING CITATIONS ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF VIOLATION			

VESSEL INFORMATION CONTINUED (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL# 1 2 3 (CHECK ONE)

DID THE ACCIDENT RESULT IN A HIT AND RUN? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED
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ESTIMATED SPEED AT TIME OF ACCIDENT	<input type="checkbox"/> NOT MOVING	<input type="checkbox"/> UNDER 10 MPH	<input type="checkbox"/> 10-20 MPH	<input type="checkbox"/> 21-40 MPH	<input type="checkbox"/> OVER 40 MPH
<input type="checkbox"/> IDLING	<input type="checkbox"/> PLOWING	<input type="checkbox"/> ACCELERATING	<input type="checkbox"/> PLANING (ON PLANE)	<input type="checkbox"/> DECELERATING	

<p align="center">CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> ALCOHOL USE</td> <td><input type="checkbox"/> OPERATOR INEXPERIENCE</td> </tr> <tr> <td><input type="checkbox"/> CARELESS/RECKLESS OPERATION</td> <td><input type="checkbox"/> OVERLOADING</td> </tr> <tr> <td><input type="checkbox"/> CONGESTED WATERS</td> <td><input type="checkbox"/> PASSENGER / SKIER BEHAVIOR</td> </tr> <tr> <td><input type="checkbox"/> DAM / LOCK</td> <td><input type="checkbox"/> RESTRICTED VISION</td> </tr> <tr> <td><input type="checkbox"/> DRUG USE</td> <td><input type="checkbox"/> RULES OF THE ROAD VIOLATION</td> </tr> <tr> <td><input type="checkbox"/> EQUIPMENT FAILURE</td> <td><input type="checkbox"/> SHARP TURN</td> </tr> <tr> <td><input type="checkbox"/> EXCESSIVE SPEED</td> <td><input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOWS, OR TRANSOM</td> </tr> <tr> <td><input type="checkbox"/> FAILURE TO VENT</td> <td><input type="checkbox"/> STARTING IN GEAR</td> </tr> <tr> <td><input type="checkbox"/> HAZARDOUS WATERS</td> <td><input type="checkbox"/> WAKE</td> </tr> <tr> <td><input type="checkbox"/> VESSEL HULL FAILURE</td> <td><input type="checkbox"/> WEATHER (HEAVY)</td> </tr> <tr> <td><input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR</td> <td><input type="checkbox"/> NO PROPER LOOKOUT</td> </tr> <tr> <td><input type="checkbox"/> MACHINERY FAILURE</td> <td><input type="checkbox"/> OFF-THROTTLE STEERING</td> </tr> <tr> <td><input type="checkbox"/> OPERATOR INATTENTION</td> <td><input type="checkbox"/> NAVIGATION AID MISSING</td> </tr> <tr> <td><input type="checkbox"/> IMPROPER ANCHORING</td> <td><input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY</td> </tr> <tr> <td><input type="checkbox"/> IMPROPER LOADING</td> <td><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td><input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS</td> <td></td> </tr> </table>	<input type="checkbox"/> ALCOHOL USE	<input type="checkbox"/> OPERATOR INEXPERIENCE	<input type="checkbox"/> CARELESS/RECKLESS OPERATION	<input type="checkbox"/> OVERLOADING	<input type="checkbox"/> CONGESTED WATERS	<input type="checkbox"/> PASSENGER / SKIER BEHAVIOR	<input type="checkbox"/> DAM / LOCK	<input type="checkbox"/> RESTRICTED VISION	<input type="checkbox"/> DRUG USE	<input type="checkbox"/> RULES OF THE ROAD VIOLATION	<input type="checkbox"/> EQUIPMENT FAILURE	<input type="checkbox"/> SHARP TURN	<input type="checkbox"/> EXCESSIVE SPEED	<input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOWS, OR TRANSOM	<input type="checkbox"/> FAILURE TO VENT	<input type="checkbox"/> STARTING IN GEAR	<input type="checkbox"/> HAZARDOUS WATERS	<input type="checkbox"/> WAKE	<input type="checkbox"/> VESSEL HULL FAILURE	<input type="checkbox"/> WEATHER (HEAVY)	<input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR	<input type="checkbox"/> NO PROPER LOOKOUT	<input type="checkbox"/> MACHINERY FAILURE	<input type="checkbox"/> OFF-THROTTLE STEERING	<input type="checkbox"/> OPERATOR INATTENTION	<input type="checkbox"/> NAVIGATION AID MISSING	<input type="checkbox"/> IMPROPER ANCHORING	<input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY	<input type="checkbox"/> IMPROPER LOADING	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS		<p>SPECIFY "EQUIPMENT FAILURE"</p> <input type="checkbox"/> AUXILIARY EQUIPMENT FAILUIRE <input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE <input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE <input type="checkbox"/> SAIL DISMASTING <input type="checkbox"/> SEAT BROKE LOOSE <input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE <input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED
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<p>SPECIFY "MACHINERY FAILURE"</p> <input type="checkbox"/> ELECTRIC SYSTEM FAILURE <input type="checkbox"/> ENGINE FAILURE <input type="checkbox"/> FUEL SYSTEM FAILURE <input type="checkbox"/> SHIFT FAILURE <input type="checkbox"/> STEERING SYSTEM FAILURE <input type="checkbox"/> THROTTLE FAILURE <input type="checkbox"/> VENTILATION SYSTEM FAILURE																																	

ACCIDENT DESCRIPTORS

<input type="checkbox"/> BOAT FOUND CAPSIZED	<input type="checkbox"/> BOAT STRUCK BY LIGHTNING	<input type="checkbox"/> BOAT FOUND UPRIGHT, DRIFTING, OCCUPANTS DISAPPEARED
<input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL	<input type="checkbox"/> VICTIM STRUCK BY BOOM	<input type="checkbox"/> VICTIM ENTANGLED IN LINES
<input type="checkbox"/> PARASAILING ACCIDENT	<input type="checkbox"/> RUNAWAY BOAT	

ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR	TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR
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TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF) ON BOARD VESSEL EACH DAY THIS YEAR

OTHER PEOPLE ON BOARD THIS VESSEL (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)

LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS		CITY		
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE		ZIP
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN PRIOR TO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN AS A RESULT OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS		CITY		
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE		ZIP
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WITNESSES NOT ON THIS VESSEL (IF MORE THAN 2 WITNESSES, LIST ON SEPARATE SHEET)

WITNESS 1 LAST NAME		FIRST		PHONE NO. ()	
STREET ADDRESS		CITY		STATE	ZIP
WITNESS 2 LAST NAME		FIRST		PHONE NO. ()	
STREET ADDRESS		CITY		STATE	ZIP

INJURED VICTIMS (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)

VICTIM 1 LAST NAME		FIRST	MIDDLE INITIAL																																																						
VICTIM 1 STREET ADDRESS																																																									
CITY		STATE	ZIP																																																						
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INJURY CAUSED BY (CHECK ALL THAT APPLY)																																																									
IMPACT WITH VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH WATER <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH FIXED / FLOATING OBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY PROPULSION SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO EXPOSURE TO ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO																																																									
INJURED STATUS																																																									
<input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER																																																									

DECEASED VICTIMS (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)

VICTIM 1 LAST NAME		FIRST		MIDDLE INITIAL	
VICTIM 1 STREET ADDRESS					
CITY			STATE		ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?			AGE OF VICTIM		DATE OF BIRTH
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____			DRUG USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____		
CAUSE OF DEATH <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		VICTIM ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE PFD USED – BUT NOT WORN <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO PFD WAS NOT WORN AND NOT USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
VICTIM STRUCK BY VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO		VICTIM STRUCK BY PROPULSION UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF PFD WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V PFD PERFORMANCE <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input type="checkbox"/> IMPROPER WEAR / USE COMMENTS	
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO			USCG PFD APPROVAL NUMBER 160. _____		
DECEASED STATUS <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		PHYSICAL CONDITION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)			VICTIM SWIMMING ABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
VICTIM 2 LAST NAME		FIRST		MIDDLE INITIAL	
VICTIM 2 STREET ADDRESS					
CITY			STATE		ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?			AGE OF VICTIM		DATE OF BIRTH
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____			DRUG USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____		
CAUSE OF DEATH <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		VICTIM ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE PFD USED – BUT NOT WORN <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO PFD WAS NOT WORN AND NOT USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
VICTIM STRUCK BY VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO		VICTIM STRUCK BY PROPULSION UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF PFD WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V PFD PERFORMANCE <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input type="checkbox"/> IMPROPER WEAR / USE COMMENTS	
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO			USCG PFD APPROVAL NUMBER 160. _____		
DECEASED STATUS <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		PHYSICAL CONDITION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)			VICTIM SWIMMING ABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN



STATE OF CONNECTICUT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF OUTDOOR RECREATION
BOATING DIVISION
 P.O. BOX 280, 333 FERRY ROAD, OLD LYME, CT 06371-0280
 Phone: (860) 434-8638 FAX: (860) 434-3501

U.S. COAST GUARD NUMBER 09
LAW ENFORCEMENT CASE NO.

The operator of a vessel used for recreation purposes is required to file a report in writing within 48 hours whenever an accident results in loss of life, disappearance from a vessel or an injury which requires medical treatment beyond first aid. If total damage to all property is in excess of \$500, a report must be filed within 5 days. Reports shall be submitted to the Commissioner of Environmental Protection at the above address. If the operator is unable to report the accident, the boat owner or survivor of the accident should prepare the report. Any person violating these requirements is subject to the penalties prescribed by law.

COMPLETE ALL BLOCKS (Indicate those not applicable with "N/A")					
Name and Address of Operator	Age	D.O.B	<input type="checkbox"/> M <input type="checkbox"/> F	Operator's Experience	
Operator's Telephone Number ()				This Boat	Other Boats
Safe Boating or PWC Certificate Number:				<input type="checkbox"/> under 10 hours	<input type="checkbox"/> under 10 hours
Name and Address of Owner				Boating Education	
Rented Boat <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> American Red Cross	
# of persons on board				<input type="checkbox"/> Informal	
Owner's Telephone Number ()				<input type="checkbox"/> None	
# of persons towed				<input type="checkbox"/> State	
				<input type="checkbox"/> U.S.C. G. Auxiliary	
				<input type="checkbox"/> U.S. Power Squadrons	
VESSEL OWNED/OPERATED BY ABOVE (VESSEL 1)					
Boat Number	State	Boat Name	Boat Make	Boat Model	Hull Identification Number
Type of Boat			Hull Material		Engine
<input type="checkbox"/> Air Boat			<input type="checkbox"/> Aluminum		<input type="checkbox"/> Inboard
<input type="checkbox"/> Auxiliary Sail			<input type="checkbox"/> Rubber		<input type="checkbox"/> Inboard-stemdrive
<input type="checkbox"/> Open Motorboat			<input type="checkbox"/> Steel		<input type="checkbox"/> Outboard
<input type="checkbox"/> Personal Watercraft			<input type="checkbox"/> Wood		Fuel
<input type="checkbox"/> Cabin Motorboat			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Pontoon			<input type="checkbox"/> Fiberglass		
<input type="checkbox"/> Rowboat			<input type="checkbox"/> Plastic		
<input type="checkbox"/> Sail (only)			<input type="checkbox"/> Rigid Hull Inflatable		
<input type="checkbox"/> Other _____					<input type="checkbox"/> Diesel
<input type="checkbox"/> Houseboat					<input type="checkbox"/> Electric
<input type="checkbox"/> Jet Boat					<input type="checkbox"/> Gasoline
Propulsion			Boat Data (construction)		Engine Data
<input type="checkbox"/> Air Thrust			Length _____		# of engines _____
<input type="checkbox"/> Sail			Year Built _____		Horsepower _____ (total)
<input type="checkbox"/> Manual					
<input type="checkbox"/> Water Jet					
<input type="checkbox"/> Propeller					

ACCIDENT DATA

Accident Date	Time: _____AM _____PM	# vessels Involved	Water Body	Location	Town	State
Weather	Water Conditions		Temperatures	Wind		Visibility
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Snow	<input type="checkbox"/> Calm (Waves under 6") <input type="checkbox"/> Choppy (Waves 6" – 2') <input type="checkbox"/> Rough (Waves 2' – 6') <input type="checkbox"/> Very Rough (Waves over 6') <input type="checkbox"/> Strong Current		(Estimates) Air _____ °F Water _____ °F	<input type="checkbox"/> None <input 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)		Day Night <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>
Operation at Time of Accident (Check all applicable) <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Tied to dock or moored <input type="checkbox"/> Towing another boat <input type="checkbox"/> Other _____		Activity at Time of Accident (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Diving/Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Racing <input type="checkbox"/> Repairs <input type="checkbox"/> Starting Engine <input type="checkbox"/> Tournament <input type="checkbox"/> Water skiing, Tubing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Other _____		Type of Accident (check all applicable) <input type="checkbox"/> Capsizing <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire/Explosion (Fuel) <input type="checkbox"/> Fire/Explosion (Other) <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Starting Engine <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object		Cause of Accident (check all applicable) <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Drug Use <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Hull Failure <input type="checkbox"/> Improper Loading <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Overloading <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Wake <input type="checkbox"/> Weather
Estimate Speed at Time of Accident <input type="checkbox"/> Not Moving <input type="checkbox"/> 21 to 40 MPH <input type="checkbox"/> 61 to 80 MPH <input type="checkbox"/> 10 to 20 MPH <input type="checkbox"/> 41 to 60 MPH <input type="checkbox"/> over 80 MPH						
Approved Personal Flotation Devices Was the vessel carrying U.S.C.G. approved lifesaving devices for each person on board? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No			Non-Approved Personal Flotation Devices Was the vessel carrying non –approved lifesaving devices for each person on board? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Extinguishers Were there operable fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No						

Property Damage (estimate) Vessel #1 \$ _____ Vessel #2 \$ _____ Other Property \$ _____	Describe Property Damage
--	--------------------------

ACCIDENT DESCRIPTION

Describe what happened (sequence of events. Include failure of equipment. If diagram is needed, attach separately. Continue on additional sheets if necessary)

VESSEL #2

Name, Address and Telephone Number of <i>Operator</i>	Name, Address and Telephone Number of <i>Owner</i>
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Boat Number	State	Boat Make	Boat Model	MFR Hull Identification Number
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Rented Vessel <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Boat	Propulsion	Operation at the time of Accident
---	--------------	------------	-----------------------------------

INJURED/MISSING/DECEASED

Name and Address of victim	Vessel #	D.O.B	<input type="checkbox"/> Male <input type="checkbox"/> Treatment > First Aid <input type="checkbox"/> Female <input type="checkbox"/> Hospitalization
----------------------------	----------	-------	--

Death caused by: <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other	Was PFD worn? <input type="checkbox"/> Yes <input type="checkbox"/> No PFD Type: <input type="checkbox"/> Inflatable <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type V
Nature of Injury:	

Name and Address of victim	Vessel #	D.O.B	<input type="checkbox"/> Male <input type="checkbox"/> Treatment > First Aid <input type="checkbox"/> Female <input type="checkbox"/> Hospitalization
----------------------------	----------	-------	--

Death caused by: <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other	Was PFD worn? <input type="checkbox"/> Yes <input type="checkbox"/> No PFD Type: <input type="checkbox"/> Inflatable <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type V
Nature of Injury:	

NOTE: If more space is needed to list information concerning injured/deceased persons, please use separate page

The information on this form is certified under penalty of false statement to be true and complete.	
Signature of person completing report X _____ Date _____	Address and telephone number

Massachusetts Environmental Police

Boating & R.V. Safety Bureau

1 Trowbridge Road

Bourne, MA 02532

Phone: (508) 759-0002 Fax: (508) 759-3357

BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 5 days. Reports must be submitted to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (indicate those not applicable by "NA")					
NAME AND ADDRESS OF OPERATOR		AGE OF OPERATOR DATE OF BIRTH		OPERATOR'S EXPERIENCE	
				This type of boat [] Under 20 hours [] 20 to 100 hours [] 100 to 500 hours [] Over 500 hours	Other Boat Operating Exp. [] Under 20 hours [] 20 to 100 hours [] 100 to 500 hours [] Over 500 hours
OPERATOR TELEPHONE NUMBER		OWNER TELEPHONE NO.		FORMAL INSTRUCTION BOATING SAFETY [] NONE [] USCG AUXILIARY [] STATE [] U.S. POWER SQUADRONS [] AMERICAN RED CROSS [] OTHER (Specify) _____	
NAME AND ADDRESS OF OWNER		RENTED BOAT? [] YES [] NO	NUMBER OF PERSONS ON BOARD _____		
VESSEL NO. 1 (this vessel)					
BOAT REGISTRATION NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR HULL IDENTIFICATION NO	
TYPE OF BOAT [] Open Motorboat [] Cabin Motorboat [] Auxiliary Sail [] Sail (only) [] Rowboat [] Canoe [] Other (Specify) _____	HULL MATERIAL [] Wood [] Aluminum [] Steel [] Fiberglass [] Rubber/Vinyl [] Other (Specify) _____	ENGINE [] Outboard [] Inboard gasoline [] Inboard diesel [] Inboard outdrive [] Jet [] Other (Specify) _____	PROPULSION No. of engines _____ Horsepower (total) _____ Type of Fuel _____	CONSTRUCTION Length _____ Year built (boat) _____	
				Has boat had a Safety Examination? [] YES [] NO For current year? [] YES [] NO Indicate whether [] USCG AUX. Courtesy Marine Exam [] State/Local [] Other	
ACCIDENT DATA					
DATE OF ACCIDENT	TIME	AM PM	NAME OF BODY OF WATER	LOCATION (Give location precisely)	Lat: _____ Long: _____
STATE	NEAREST CITY OR TOWN			COUNTY	
WEATHER [] Clear [] Rain [] Cloudy [] Snow [] Fog [] Hazy		WATER CONDITIONS [] Calm (waves less than 6") [] Choppy (waves 6" to 2') [] Rough (waves 2' to 6') [] Very Rough (greater than 6') [] Strong Current	TEMPERATURE (Estimate) Air _____ F Water _____ F	WIND [] None [] Light (0-6mph) [] Moderate (7-14 mph) [] Strong (15-25 mph) [] Storm (Over 25 mph)	VISIBILITY Day Night [] Good [] [] Fair [] [] Poor []
OPERATION AT TIME OF ACCIDENT (Check all that apply)		TYPE OF ACCIDENT		WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT (check all that apply)	
[] Commercial Activity	[] Drifting	[] Grounding	[] Collision with Fixed Object	[] Weather	[] Alcohol Use
[] Cruising	[] At Anchor	[] Capsizing	[] Collision with Floating Object	[] Excessive Speed	[] Drug Use
[] Maneuvering	[] Tied to Dock	[] Flooding	[] Collision with Floating Object	[] No Proper Lookout	[] Fault of Hull
[] Approaching Dock	[] Fueling	[] Sinking	[] Falls Overboard	[] Restricted Vision	[] Fault of Machinery
[] Leaving Dock	[] Fishing	[] Fire or Explosion (Fuel)	[] Falls in Boat	[] Overloading	[] Fault of Equipment
[] Water Skiing	[] Hunting	[] Fire or Explosion (Other than Fuel)	[] Hit by Boat or Propeller	[] Improper Loading	[] Operator Inexperience
[] Racing	[] Skin Diving/Swimming	[] Fallen Skier	[] Other (Specify)	[] Hazardous Waters	[] Operator Inattention
[] Towing	[] Being Towed	[] Collision with Vessel		[] Other (Specify)	
[] Other (Specify) _____					
PERSONAL FLOTATION DEVICES (PFD'S)			PROPERTY DAMAGE	FIRE EXTINGUISHERS	
Was the boat adequately equipped with C.G. Approved Flotation Devices? [] YES [] NO Were they accessible? [] YES [] NO Were they serviceable? [] YES [] NO Were they used by survivors? [] YES [] NO What Type? [] I, [] II, [] III, [] IV, [] V Were PFD's properly Used? [] YES [] NO Adjusted? [] YES [] NO Sized? [] YES [] NO		Was the vessel carrying NON approved flotation devices? [] YES [] NO Were they accessible? [] YES [] NO Were they used? [] YES [] NO If Yes, indicate kind (specify) _____ Include any comments on PFD's under Accident Description on other side of form	Est. Amount This Boat \$ _____ Other Boat \$ _____ Other Property \$ _____	Were they used? (If yes, list Types and number used) [] Yes [] No [] NA Types: _____	
			DESCRIBE PROPERTY DAMAGE		
			NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY		

If more than 3 fatalities and/or injuries, attach additional forms

DECEASED

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?

INJURED

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. 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 PFD's)

VESSEL NO. 2 (if more than 2 vessels, attach additional forms)

NAME OF OPERATOR	OPERATOR ADDRESS	BOAT NUMBER
TELEPHONE NUMBER		BOAT NAME
NAME OF OWNER	OWNER ADDRESS	

WITNESSES

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	TELEPHONE NUMBER
QUALIFICATION (Check one) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other		DATE SUBMITTED

(Do Not Use) – FOR REPORTING AUTHORITY REVIEW (Use Agency date stamp)

CAUSES BASED ON (check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	NAME OF REVIEWING OFFICE	DATE RECEIVED
PRIMARY CAUSE OF ACCIDENT	SECONDARY CAUSE OF ACCIDENT	REVIEWED BY



BOATING ACCIDENT REPORT

The operator of a vessel involved in an accident is required to file a report in writing whenever an accident results in loss of life, loss of consciousness, medical treatment or disability in excess of 24 hours or property damage in excess of \$500. Reports in death and injury cases must be submitted within 48 hours; reports in other cases are required within 10 days. All reports shall be submitted to the Nevada Division of Wildlife, 1100 Valley Road, Reno, Nevada 89512, and shall include a full description of the collision, accident or other casualty. (NRS 488.550, NAC 488.440 and 488.445.)

COMPLETE ALL BLOCKS (Indicate Those Not Applicable by "NA")									
ACCIDENT DATA									
DATE OF ACCIDENT		TIME AM PM		NAME OF BODY OF WATER		LOCATION (Give location precisely)			
NO. OF VESSELS INVOLVED		NEAREST CITY OR TOWN		COUNTY		STATE			
WEATHER (Check all applicable) <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		WATER CONDITIONS <input type="checkbox"/> Calm (Waves less than 6 inches) <input type="checkbox"/> Choppy (Waves 6 inches to 2 feet) <input type="checkbox"/> Rough (Waves 2 feet to 6 feet) <input type="checkbox"/> Very Rough (Greater than 6 feet) <input type="checkbox"/> Strong Current		TEMPERATURE (Estimate) Air.....°F Water.....°F		WIND <input type="checkbox"/> None <input 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)		VISIBILITY <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Poor	
NAME OF OPERATOR				OPERATOR ADDRESS					
OPERATOR TELEPHONE NO. ()		DATE OF BIRTH (Mo., Day, Yr.)		OPERATOR'S EXPERIENCE <input type="checkbox"/> None <input type="checkbox"/> Under 100 Hours <input type="checkbox"/> Over 100 Hours		INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> None			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		INSURANCE COMPANY							
NAME OF OWNER				OWNER ADDRESS					
OWNER TELEPHONE NO. ()		NO. OF PEOPLE ON BOARD		NO. OF PEOPLE BEING TOWED		RENTED BOAT <input type="checkbox"/> Yes <input type="checkbox"/> No			
BOAT NO. 1 (This Vessel)									
BOAT REGISTRATION OR DOCUMENTATION NO.			STATE	HULL IDENTIFICATION NO.		BOAT NAME			
BOAT MANUFACTURER			LENGTH	MODEL		YEAR BUILT			
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (Specify)		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Other (Specify)		ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-Sterndrive (VO) <input type="checkbox"/> Airboat		PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail		PERSONAL FLOTATION DEVICES (PFDs): Was boat adequately equipped with Coast Guard-approved PFDs? (Life jackets) <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric		NO. OF ENGINES		FIRE EXTINGUISHERS	
				TOTAL HORSEPOWER		On board? <input type="checkbox"/> Yes <input type="checkbox"/> No Used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Drifting <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Other (Specify)		ACTIVITY AT TIME OF ACCIDENT (Check any if applicable) <input type="checkbox"/> Fishing <input type="checkbox"/> Fishing Tournament <input type="checkbox"/> Hunting <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Waterskiing/Tubing/Etc. <input type="checkbox"/> Racing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Fueling <input type="checkbox"/> Starting Engine <input type="checkbox"/> Non-Recreational <input type="checkbox"/> Other (Specify)		TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision With Vessel <input type="checkbox"/> Collision With Fixed Object <input type="checkbox"/> Collision With Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Hit and Run <input type="checkbox"/> Other (Specify)			WHAT CONTRIBUTED TO ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Hull Failure <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Congested Waters <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Other (Specify)		
ESTIMATED SPEED <input type="checkbox"/> Drifting <input type="checkbox"/> Under 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> Over 20 mph <input type="checkbox"/> Over 40 mph									



DECEASED (If More Than 2 Fatalities, Attach Additional Forms)

NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other (Specify).....		<input type="checkbox"/> Disappearance
NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other (Specify).....		<input type="checkbox"/> Disappearance

INJURED (If More Than 2 Injuries, Attach Additional Forms)

NAME OF VICTIM		ADDRESS OF VICTIM		
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY		
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	AS A RESULT OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF VICTIM		ADDRESS OF VICTIM		
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE INJURY		
	ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	PRIOR TO ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	AS A RESULT OF ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS IT INFLATABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BOAT NO. 2 (If More Than 2 Vessels, Attach Additional Identifying Information)

NAME OF OPERATOR		OPERATOR ADDRESS		
OPERATOR TELEPHONE NO. ()		BOAT REGISTRATION OR DOCUMENTATION NO.	STATE	
NAME OF OWNER		OWNER ADDRESS		
OWNER TELEPHONE NO. ()				

PROPERTY DAMAGE

ESTIMATED AMOUNT This boat and contents: \$.....	Other boat(s) and contents: \$.....	Other property: \$.....
DESCRIBE PROPERTY DAMAGED		

WITNESSES NOT ON THIS VESSEL

NAME	ADDRESS	TELEPHONE NO. ()
NAME	ADDRESS	TELEPHONE NO. ()

PERSON COMPLETING REPORT

NAME	ADDRESS	TELEPHONE NO. ()
SIGNATURE	QUALIFICATION <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other (Specify).....	DATE SUBMITTED

ACCIDENT DESCRIPTION

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

FOR AGENCY USE ONLY

CAUSES BASED ON (Check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Other (Specify).....		
NAME OF REVIEWING OFFICER	DATE RECEIVED	<input type="checkbox"/> RECREATIONAL <input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> COMMERCIAL
PRIMARY CAUSE	SECONDARY CAUSE	



New Mexico Boating Accident Report

Agency Case Number

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

Estimate of total damages \$ _____

Total Vessels Involved _____ Total Injured _____ Total Fatalities _____

General and Geographic Information

Date of Accident Time of Accident Date/Time Officer Arrived No. of Vessels Involved

Nearest City Body of Water County

Exact Location Nearest River Mile or Point Marker

Latitude: Deg Min Sec Longitude Deg Min Sec

Accident Site <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Marina/Harbor <input type="checkbox"/> Below Dam <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Agency Lake <input type="checkbox"/> Other	Restricted Area <input 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)	Temperature Water _____ deg. F. Air _____ deg. F.	Strong Current <input type="checkbox"/> River Current <input type="checkbox"/> Dam Generated
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Weather <input 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	Visibility <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Light <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	Wind <input 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)	Water Conditions <input 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)
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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.)

VA VB VC	VA VB VC	VA VB VC	VA VB VC
___ ___ ___ 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
___ ___ ___ 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.)

VA VB VC Vessel/Injured	VA VB VC Vessel/Injured	VA VB VC Vessel/Injured	VA VB VC 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 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 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 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

(Enter every system that failed for each vessel.)

VA VB VC Vessel	VA VB VC Vessel
<input 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

(Indicate the equipment that failed.)

VA VB VC Vessel	VA VB VC Vessel
<input 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 VA VB VC Vessel	<u>VA VB VC Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pontoon Boat <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 type="checkbox"/> <input type="checkbox"/> <input 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	# of Engines Vessel A _____ Vessel B _____ Vessel C _____ Total H. P. Vessel A _____ Vessel B _____ Vessel C _____	Propulsion <u>VA VB VC Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manual <input type="checkbox"/> <input type="checkbox"/> <input 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 <u>VA VB VC Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input 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 <u>VA VB VC Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input 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	<u>VA VB VC Vessel</u> <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 <u>VA VB VC Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gasoline	Engine <u>VA VB VC Vessel</u> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I/O	Vessel was- <u>VA VB VC Vessel</u> <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 <u>VA VB VC Vessel</u> <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 type="checkbox"/> <input type="checkbox"/> Docked (moored)	<u>VA VB VC Vessel</u> <input 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	Activity at Time of Accident <u>VA VB VC Vessel/Injured</u> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational cruising	<u>VA VB VC Vessel/Injured</u> <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 A

Reg. or Doc. No.	HIN No.	Engine Serial #	Documented Name
Length	Make	Model	Year
No. of POB	No. Injured	No. Fatalities	No. of Skiers Towed
<input type="checkbox"/> Hit and Run			
Estimated Speed: <input type="checkbox"/> Not Moving <input 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 type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			Est. damage this boat \$ _____

Operator Information							
Driver's License #		Exp. date		Ht.	Wt.	Eye	Restr .
Last Name		First			M.I.	DOB (mm/dd/yy)	
Street			City		State		Zip
Home Ph.				Work Ph.			
Operator Experience		Operator Education		BUI Info		Status of Op.	
<input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours		<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> State		<input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other		<input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs	
No. of Other Boating Citations		BAC _____		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality		Other Operator Info Gender <input 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	

Owner/Passenger Information	First Listed is Also Owner <input type="checkbox"/>
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Psgr. #						DOB	M/F	Ejected?	PFD	Swim
1 Last	First		MI	Phone						
	Str.1	Str.2	ST	ZIP						
2 Last	First		MI	Phone						
	Str.1	Str.2	ST	ZIP						
3 Last	First		MI	Phone						
	Str.1	Str.2	ST	ZIP						
4 Last	First		MI	Phone						
	Str.1	Str.2	ST	ZIP						

Vessel B

Reg. or Doc. No.		HIN No.		Engine Serial #		Documented Name	
Length		Make		Model		Year	
No. of POB		No. Injured		No. Fatalities		No. of Skiers Towed	
						<input type="checkbox"/> Hit and Run	
Estimated Speed: <input type="checkbox"/> Not Moving <input 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 type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government						Est. damage this boat \$ _____	

Operator Information

Driver's License #		Exp. date		Ht.	Wt.	Eye	Restr.	Age	
Last Name			First			M.I.	DOB (mm/dd/yy)		
Street			City			State		Zip	
Home Ph.				Work Ph.					
Operator Experience		Operator Education		BUI Info		Status of Op.		Other Operator Info	
<input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours		<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> State		<input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other		<input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	
No. of Other Boating Citations				B A C _____				Gender <input 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	

Owner/Passenger Information

Owner/Passenger Information						First Listed is Also Owner <input type="checkbox"/>								
Psgr. #										DOB	M / F	Ejected?	PFD	Swim
1 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
2 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
3 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
4 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						

Vessel C

Reg. or Doc. No.		HIN No.		Engine Serial #		Documented Name	
Length		Make		Model		Year	
No. of POB		No. Injured		No. Fatalities		No. of Skiers Towed	
						<input type="checkbox"/> Hit and Run	
Estimated Speed: <input type="checkbox"/> Not Moving <input 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 type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government						Est. damage this boat \$ _____	

Operator Information

Driver's License #		Exp. date		Ht.	Wt.	Eye	Restr.	Age	
Last Name			First			M.I.	DOB (mm/dd/yy)		
Street			City			State		Zip	
Home Ph.				Work Ph.					
Operator Experience		Operator Education		BUI Info		Status of Op.		Other Operator Info	
<input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours		<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPS <input type="checkbox"/> State		<input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other		<input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	
No. of Other Boating Citations				BAC _____				Gender <input 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	

Owner/Passenger Information

Owner/Passenger Information						First Listed is Also Owner <input type="checkbox"/>								
Psgr. #										DOB	M / F	Ejected?	PFD	Swim
1 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
2 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
3 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						
4 Last			First			MI		Phone						
Str.1			Str.2			City	ST	ZIP						

Injury Information

Vessel _____	Treatment <input type="checkbox"/> Treated <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment
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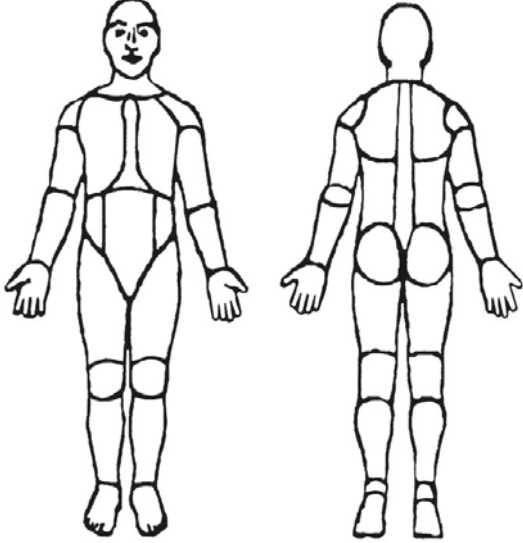
Status <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)	Hospital Name: _____
--	-----------------------------

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
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Last Name _____	First _____	M.I. _____	DOB (mm/dd/yy) _____	Age: _____
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Street _____	City _____	State _____	Zip _____
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Home Ph. _____	Work Ph. _____	Location of Injury
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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"/> <input type="checkbox"/> Amputation <input type="checkbox"/> <input type="checkbox"/> Back Injury <input type="checkbox"/> <input type="checkbox"/> Broken bones <input type="checkbox"/> <input type="checkbox"/> Burns <input type="checkbox"/> <input type="checkbox"/> Contusions <input type="checkbox"/> <input type="checkbox"/> Dislocations <input type="checkbox"/> <input type="checkbox"/> Head Injury <input type="checkbox"/> <input type="checkbox"/> Hypothermia <input type="checkbox"/> <input type="checkbox"/> Internal Injuries <input type="checkbox"/> <input type="checkbox"/> Laceration <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	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	
---	--	--	--

Victim Physical Condition <input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Ill <input type="checkbox"/> Handicapped <input type="checkbox"/> Other _____	Fatal Synopsis 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
---------------------	--

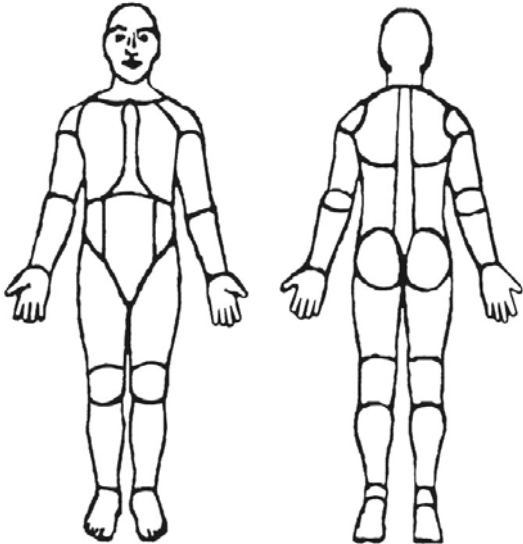
Status <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)	Hospital Name: _____
--	-----------------------------

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. _____	DOB (mm/dd/yy) _____	Age: _____
-----------------	-------------	------------	----------------------	------------

Street _____	City _____	State _____	Zip _____
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Home Ph. _____	Work Ph. _____	Location of Injury
----------------	----------------	---------------------------

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"/> <input type="checkbox"/> Amputation <input type="checkbox"/> <input type="checkbox"/> Back Injury <input type="checkbox"/> <input type="checkbox"/> Broken bones <input type="checkbox"/> <input type="checkbox"/> Burns <input type="checkbox"/> <input type="checkbox"/> Contusions <input type="checkbox"/> <input type="checkbox"/> Dislocations <input type="checkbox"/> <input type="checkbox"/> Head Injury <input type="checkbox"/> <input type="checkbox"/> Hypothermia <input type="checkbox"/> <input type="checkbox"/> Internal Injuries <input type="checkbox"/> <input type="checkbox"/> Laceration <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	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	
---	--	--	--

Victim Physical Condition <input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Ill <input type="checkbox"/> Handicapped <input type="checkbox"/> Other _____	Fatal Synopsis 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 _____
---	---	--

Non-Vessel Property Damage

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

Describe Property Damage

Non Vessel Property Owner Information

Last Name	First	M.I.	Ph. #
Street	City	State	Zip

Violations

Vessel Priority		Vessel # _____ Stand On	Vessel # _____ Give Way	<input type="checkbox"/> Hit and Run Vessel # _____		
Vessel #	Violator's Name (Just check box if operator)	Statute or Regulation	Violation	Common Name of the Violation	Status	Citation Case #
	<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	
	<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		Supervisor Signature		Investigation Status			
Print Officer Name, Badge #, and Radio #				<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Not Required <input type="checkbox"/> Preliminary			
Last	First	M.I.		Causes Based On <input type="checkbox"/> Investigation <input type="checkbox"/> Operator Report <input type="checkbox"/> Reviewer Interpretation			
Badge #	Radio #						
Address 1							
Address 2							
City		State		Zip	Ph #		
Print Supervisor Name and Radio #							
Last		First		M.I.			
				Radio #			
Investigative Time (Include total hours for reports, search & rescue, and investigation)							
Officer Hours	Supervisor Hours	Investigator Hours	Admin. Hours	Total Hours	Date Investigation Completed (MM/DD/YY)		
					Date Report Received (MM/DD/YY)		

Do Not Complete Below This Line – State Safety Review Only

Date Investigation Completed (MM/DD/YY)							
Federal Accident Classification (For Statistical Use)							
<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Government		<input type="checkbox"/> Non-Reportable _____	
Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed by:	ID #

OHIO OPERATOR BOATING ACCIDENT REPORT

Ohio Department of Natural Resources
Division of Watercraft
2045 Morse Road, Building A
Columbus, Ohio 43229-6693
Phone: (614) 265-6480



NOTE: SECTION 1547.59 of the Ohio Revised Code requires operators of all vessels to file the attached report in case of collision, accident, or other casualty involving a vessel.

THE OPERATOR OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES TREATMENT BEYOND FIRST AID; OR COMBINED PROPERTY DAMAGE IN EXCESS OF \$500, OR COMPLETE LOSS OF VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. **The report filed shall be used for statistical purposes only, as required by federal regulations, and shall not be admissible for any purpose in any civil, criminal, or administrative action at law.**

SEND COMPLETED REPORT TO: Ohio Department of Natural Resources, Division of Watercraft, LE/SAR Section, Bldg. A-2, 2045 Morse Road, Columbus, Ohio 43229-6693.

INSTRUCTIONS: Complete pages 2, 3 and 4. Listed below are explanations for some of the questions on this form.

Water Conditions:

Calm (waves <6") = Water smooth with little wave action.
Choppy (6" - 2') = White caps are becoming visible.
Rough (2' - 6') = White caps are prevalent with strong wave action.
Very Rough (6') = Very large and active wave action.
Strong Current = Water movement in a certain direction.

Wind Conditions:

Light (0-6 mph)	No wind to rustle leaves.
Moderate (7-14 mph)	Enough wind to move small branches.
Strong (15-25 mph)	Enough wind to move large branches.
Storm (over 25 mph)	Difficult to walk against the wind.

Operator Experience: Estimate the total hours experience you have operating a boat.

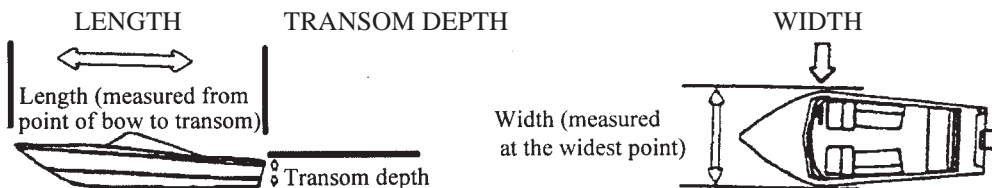
Manufacturer's Hull ID Number: The hull identification number is usually found on the starboard (right) outside of the transom (back of the boat) and is at least a 12-digit number (if 1972 or newer). An example would be ABC456781272.

Boat Number: This refers to the boat registration number or, in the case of a federally documented vessel, the document number. **An example of an Ohio boat number is OH-1234-BD.**

Expiration Date: This is the date the boat registration (the decal) expires, found on the registration or the decal.

Type of Boat:	Auxiliary Sail	A sailboat equipped with an inboard engine.
	Sail (only)	Any vessel equipped with mast and sails, dependant on the wind to propel it.
	Rowboat	Any vessel designed to be rowed and is propelled by human muscular effort.
	Personal Watercraft	"Personal watercraft" means a vessel, less than 16 feet in length, propelled by machinery, and is designed to be operated by a person sitting or kneeling on the vessel rather than by the individual sitting or standing inside the vessel.

Construction:



The Ohio D.N.R., Division of Watercraft thanks you for completing and mailing this form.

Be sure to sign the last page of this form.



OHIO OPERATOR BOATING ACCIDENT REPORT

ODNR Number (Official Use Only)
USCG Number (Official Use Only)

ACCIDENT INFORMATION					
Number of Boats in Accident? _____		Injuries Requiring Medical Treatment Beyond First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Complete Loss of Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Death Related to Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disappearance of Person Indicating Injury or Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, Number of Deaths? _____		
Property Damage Estimate? This Boat \$ _____ Other Boat \$ _____ Other Property \$ _____					
Describe damage _____					
Date of Accident / /	Day of Week	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Body of Water	Nearest City or Town	
Location			(If known) Latitude _____ Longitude _____	County	State Ohio

ENVIRONMENTAL CONDITIONS (If not known, estimate)					
Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	Water Conditions (Waves) <input type="checkbox"/> Calm (< 6") <input type="checkbox"/> Choppy (6" - 2') <input type="checkbox"/> Rough (2' - 6') <input type="checkbox"/> Very Rough (> 6') <input type="checkbox"/> Strong Current	Temperatures Air _____°F Water _____°F	Wind (MPH) <input type="checkbox"/> None <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Mod. (7-14) <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Storm (> 25)	Visibility Good _____ <input type="checkbox"/> <input type="checkbox"/> Fair _____ <input type="checkbox"/> <input type="checkbox"/> Poor _____ <input type="checkbox"/> <input type="checkbox"/>	Day / Night <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TYPE OF ACCIDENT	WHAT CONTRIBUTED TO ACCIDENT
<p>Check all applicable. If more than one, number choices in chronological order of occurrence.</p> <p>___ Capsizing ___ Sinking</p> <p>___ Collision with Fixed Object ___ Skier Mishap</p> <p>___ Collision with Floating Object ___ Struck Submerged Object</p> <p>___ Collision with Vessel ___ Other (Specify) _____</p> <p>___ Fall in Boat _____</p> <p>___ Fall Overboard</p> <p>___ Fire or Explosion (Fuel)</p> <p>___ Fire or Explosion (Other)</p> <p>___ Flooding/Swamping</p> <p>___ Grounding</p> <p>___ Hit and Run</p> <p>___ Person Struck by Boat</p> <p>___ Person Struck by Motor/Propeller</p> <p>___ Starting Engine</p>	<p>Check all applicable. If more than one, number choices in chronological order of occurrence.</p> <p>___ Alcohol Use ___ Improper Ventilation</p> <p>___ Careless/Reckless Operation ___ Lack of or Improper Lights</p> <p>___ Congested Waters ___ Machinery Failure</p> <p>___ Dam/Lock ___ Operator Inattention</p> <p>___ Drug Use ___ Operator Inexperience</p> <p>___ Equipment Failure ___ Overloading</p> <p>___ Excessive Speed ___ Passenger/Skier Behavior</p> <p>___ Hazardous Waters ___ Restricted Vision</p> <p>___ Hull Failure ___ Rules of the Road Infraction</p> <p>___ Ignition of Spilled Fuel/Vapor ___ Starting in Gear</p> <p>___ Improper Anchoring ___ Sitting/Standing on Gunwales, Bow, Transom</p> <p>___ Improper Loading</p> <p>___ Improper Lookout ___ Weather</p> <p>___ Other (Specify) _____</p>

OPERATOR/ OWNER INFORMATION				
Operator's Name		Telephone Number ()	Owner's Name (If different from Operator)	Telephone Number ()
Address		Address		
City, State, Zip Code		County	City, State, Zip Code	County
Operator's Date of Birth SS# / /		Age	Operator Experience	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 10 - 100 hours <input type="checkbox"/> > 100 hours	Operator Instruction in Boating Safety	
			<input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> None	

BOAT INFORMATION					
Boat Rented <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Onboard	Number of Persons Being Towed	Boat Manufacturer	Mfg. Hull ID Number	
Boat Number	Expiration Date / /	Boat Name	Boat Model	Location of Boat After Accident	
Type of Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon <input type="checkbox"/> Houseboat <input type="checkbox"/> Other _____	Hull Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Infl. Rubber/Canv. <input type="checkbox"/> Rigid Hull Infl. <input type="checkbox"/> Other _____	Engine <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outdrive <input type="checkbox"/> None	Propulsion <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail	Personal Floatation Devices (PFD's) Was boat adequately equipped with Coast Guard Approved Life Jackets? <input type="checkbox"/> YES <input type="checkbox"/> NO Were Life Jackets Accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were Life Jackets Worn? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Number of Engines	Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric		Fire extinguishers on board? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Total Horsepower	Used? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Construction (See diagram on Page 1) Length _____' _____" Width _____' _____" Transom Depth _____" Year Built _____					
Capacity Plate Information (Boats after 1972) If applicable: Total Lbs. _____ Number of Persons _____ HP _____					
Operation at Time of Accident (Check all applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Sailing <input type="checkbox"/> Changing Speed <input type="checkbox"/> Launching <input type="checkbox"/> Changing Direction <input type="checkbox"/> Docking/Leaving Dock <input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Towing Another Boat <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Being Towed <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Rowing/Paddling _____			Activity at Time of Accident (Check any applicable) <input type="checkbox"/> Fishing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Hunting <input type="checkbox"/> Fueling <input type="checkbox"/> Tournament <input type="checkbox"/> Starting Engine <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Making Repairs <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Water Skiing/Tubing _____ <input type="checkbox"/> Racing _____		
Estimated Speed <input type="checkbox"/> None <input type="checkbox"/> Under 10 MPH <input type="checkbox"/> 10-20 MPH <input type="checkbox"/> 21-40 MPH <input type="checkbox"/> Over 40 MPH					

FATALITIES INFORMATION (Attach additional pages if needed)		
Victim from: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SS# _____	Victim from: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SS# _____	Victim from: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female SS# _____
Death Caused By: <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Drowning <input type="checkbox"/> Unknown <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____	Death Caused By: <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Drowning <input type="checkbox"/> Unknown <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____	Death Caused By: <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Drowning <input type="checkbox"/> Unknown <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____
Was Victim: <input type="checkbox"/> Water Skier <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No	Was Victim: <input type="checkbox"/> Water Skier <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No	Was Victim: <input type="checkbox"/> Water Skier <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No
Victim's Swimming Ability <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	Victim's Swimming Ability <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	Victim's Swimming Ability <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer
PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____	PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____	PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____

INJURED PERSONS (Attach additional pages if needed)

Victim: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Medical Treatment Beyond First Aid (Treatment by a Physician) <input type="checkbox"/> Yes <input type="checkbox"/> No Admitted to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Victim: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Medical Treatment Beyond First Aid (Treatment by a Physician) <input type="checkbox"/> Yes <input type="checkbox"/> No Admitted to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Victim: <input type="checkbox"/> This Boat <input type="checkbox"/> Other Boat <input type="checkbox"/> No Boat Name _____ Address _____ City, State, Zip _____ Telephone # _____ Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Medical Treatment Beyond First Aid (Treatment by a Physician) <input type="checkbox"/> Yes <input type="checkbox"/> No Admitted to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was Victim: <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No <input type="checkbox"/> Water Skier PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____ Injury (If more than one, number choices in order of severity) ___ Amputation ___ Internal Injuries ___ Back Injury ___ Laceration (Cuts) ___ Broken Bone(s) ___ Neck Injury ___ Burns ___ Shock ___ Contusion (Bruises) ___ Spinal Injury ___ Dislocation ___ Sprain/Strain ___ Head Injury ___ Teeth ___ Hypothermia	Was Victim: <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No <input type="checkbox"/> Water Skier PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____ Injury (If more than one, number choices in order of severity) ___ Amputation ___ Internal Injuries ___ Back Injury ___ Laceration (Cuts) ___ Broken Bone(s) ___ Neck Injury ___ Burns ___ Shock ___ Contusion (Bruises) ___ Spinal Injury ___ Dislocation ___ Sprain/Strain ___ Head Injury ___ Teeth ___ Hypothermia	Was Victim: <input type="checkbox"/> Operator Propeller Injury? <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> No <input type="checkbox"/> Water Skier PFD Worn? <input type="checkbox"/> No <input type="checkbox"/> Yes Type _____ Injury (If more than one, number choices in order of severity) ___ Amputation ___ Internal Injuries ___ Back Injury ___ Laceration (Cuts) ___ Broken Bone(s) ___ Neck Injury ___ Burns ___ Shock ___ Contusion (Bruises) ___ Spinal Injury ___ Dislocation ___ Sprain/Strain ___ Head Injury ___ Teeth ___ Hypothermia

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED: Sequence of events leading up to the accident (attach additional pages if necessary)

OTHER BOAT(S) INVOLVED

Operator's Name	Address	Telephone # ()
Boat Number	Boat Name	

WITNESSES

Name	Address	Telephone # ()
Name	Address	Telephone # ()

SIGNATURE

Operator Owner Investigator _____
 Other _____ **Print Name** **Signature** **Date (Month, Day, Year)**
 Accident Reported to Law Enforcement Agency
 Yes No Name of Agency _____

FOR REPORTING AUTHORITY REVIEW (Do Not Use)

Name of Reviewing Office	Name of Reviewing Officer Amended Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Primary Cause	Secondary Cause	

PLEASE DOUBLE CHECK YOUR REPORT FOR ACCURACY.

INSTRUCTIONS FOR COMPLETING RHODE ISLAND BOATING ACCIDENT REPORT

Rhode Island boating accident report must be filled out by the owner/operator of any vessel that is involved in a boating accident on the inland waters and the coastal waters contiguous to this state that meets the following criteria:

1. Loss of life or disappearance from a vessel.
2. Injury to any person that requires medical treatment beyond ordinary first aid. (if you go to the emergency room or call a rescue, it is beyond first aid)
3. Property damage in excess of \$2000.00 (combined damage to both vessels if more than one vessel involved)
4. Complete loss of a vessel.

Accidents that involve loss of life or injury must be submitted within 48 hours. All other accidents must be reported within 10 days of the incident.

Accidents must be reported to the State Authorities where the accident occurred.

If more than one vessel is involved the **owner/operator of all vessels** must fill out and file a boating accident report.

When filling out a boating accident report, insure that **all** of the blocks are filled out completely.

1. Most information about your boat can be found on the registration card.
2. Both, the operator and the owner information is required to be completed.
3. Addresses should be complete including zip codes.
4. Damage estimates **MUST** be filled out. (Best guess estimate is acceptable and changed as information is received).
5. Accident description should be as clear and accurate as possible. Diagrams and description can be continued on additional sheets if necessary. Include any information as to the involvement of alcohol or drugs in the cause or contributing to the accident. Include any descriptive information about the use of lifejackets (PFD's) that may have contributed to the survival or assistance to anyone involved.
6. Once the form has been completed it should be sent to:
Department of Environmental Management
Division of Law Enforcement
235 Promenade Street
Providence, RI 02908
Attention: Boating Accident

If you have any difficulty with/or questions regarding the BOATING ACCIDENT FORM, you may call this office at (401) 222 3070 during normal business hours and your call will be referred to an Environmental Police Officer for assistance.



BOATING ACCIDENT REPORT

State of Rhode Island & Providence Plantations
Department of Environmental Management
Division of Law Enforcement
Environmental Police

235 Promenade Street
Providence, RI 02908
(401) 222 2284

THE OPERATOR OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$2,000 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT. RI GL 46-22-21

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT		TIME AM PM	NAME OF BODY OF WATER		LOCATION (GIVE LOCATION PRECISELY)			
NUMBER OF VESSELS INVOLVED		NEAREST CITY OR TOWN		COUNTY	STATE	ZIP CODE		
WEATHER (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	APPLICABLE <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM WAVES (LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6') <input type="checkbox"/> STRONG CURRENT		TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND <input type="checkbox"/> NONE <input 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)		VISIBILITY DAY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	NIGHT <input type="checkbox"/>
		NAME OF OPERATOR				OPERATOR ADDRESS		
OPERATOR TELEPHONE NUMBER ()		DATE OF BIRTH MO DAY YR		OPERATOR EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 100 HOURS <input type="checkbox"/> 100 HOURS OR MORE		BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> NONE		INSTRUCTION <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> OTHER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		NAME OF OWNER				OWNER ADDRESS		
OWNER TELEPHONE NUMBER ()		NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED		RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BOAT NO. 1 (THIS VESSEL)								
BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE	HULL IDENTIFICATION NUMBER		BOAT NAME		
BOAT MANUFACTURER			LENGTH	MODEL		YEAR BUILT		
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTOR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> ROWBOAT <input type="checkbox"/> CANOE/KAYAK <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> OTHER (SPECIFY)		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL <input type="checkbox"/> RIDGID HULL INFLAT <input type="checkbox"/> OTHER (SPECIFY) COMMERCIAL VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD/STERNDRIVE <input type="checkbox"/> AIRBOAT FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE		PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATERJET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL NUMBER OF ENGINES TOTAL HORSEPOWER		PERSONAL FLOTATION DEVICES (LIFE JACKETS) WAS BOAT ADAQUATELY EQUIPPED WITH CG APPROVED LIFE JACKETS? <input type="checkbox"/> YES <input type="checkbox"/> WERE THE LIFE JACKETS USED? FIRE EXTINGUISHERS ON BOARD? USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATION AT TIME OF ACCIDENT (check all applicable) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> DRIFTING <input type="checkbox"/> TOWING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING/UNDocking <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK/MOORING <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> COMMERCIAL OPERATION		ACTIVITY AT TIME OF ACCIDENT (check any if applicable) <input type="checkbox"/> FISHING <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> HUNTING <input type="checkbox"/> SWIMMING/DIVING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> WATERSKIING/TUBING/ETC: <input type="checkbox"/> RACING <input type="checkbox"/> WHITEWATER SPORTS <input type="checkbox"/> FUELING <input type="checkbox"/> STARTING ENGINE (S) <input type="checkbox"/> NON-RECREATIONAL <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> OTHER (SPECIFY)		Type of accident <input type="checkbox"/> GROUNDING <input type="checkbox"/> CAPSIZING <input type="checkbox"/> FLOOD/SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> FIRE OR EXPLOSION (FUEL) <input type="checkbox"/> FIRE OR EXPLOSION (OTHER) <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJ. <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FALLS IN BOAT <input type="checkbox"/> STRUCK BY BOAT <input type="checkbox"/> STRUCK BY MOTOR/PROPELLER <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> OTHER (SPECIFY)		What contributed to accident? (check all applicable) <input type="checkbox"/> WEATHER <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IMPROPER LOOKOUT <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> DRUG USE <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER/SKIER BEHAVIOR <input type="checkbox"/> DAM/LOCK SAFETY <input type="checkbox"/> OTHER (SPECIFY)		
ESTIMATED SPEED <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 10 MPH		<input type="checkbox"/> 10-20 MPH <input type="checkbox"/> OVER 40 MPH <input type="checkbox"/> 21-40 MPH		<input type="checkbox"/> HIT AND RUN				

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)											
NAME OF VICTIM			ADDRESS OF VICTIM				WAS LIFEJACKET WORN?				
							<input type="checkbox"/> YES		<input type="checkbox"/> NO		
DATE OF BIRTH	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DEATH CAUSED BY		<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE				
NAME OF VICTIM			ADDRESS OF VICTIM				WAS LIFE JACKET WORN?				
							<input type="checkbox"/> YES		<input type="checkbox"/> NO		
NAME OF VICTIM	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DEATH CAUSED BY		<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE				
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)											
NAME OF VICTIM					ADDRESS OF VICTIM						
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID ADMITTED TO THE HOSPITAL?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	DESCRIBE INJURIES				
				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
WAS PFD WORN? WAS IT INFLATABLE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	PRIOR TO ACCIDENT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	AS A RESULT OF THE ACCIDENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF VICTIM					ADDRESS OF VICTIM						
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO THE HOSPITAL?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	DESCRIBE INJURIES				
				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
WAS PFD WORN? WAS IT INFLATABLE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	PRIOR TO THE ACCIDENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO	AS A RESULT OF THE ACCIDENT		<input type="checkbox"/> YES	<input type="checkbox"/> NO
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)											
NAME OF OPERATOR					OPERATOR ADDRESS						
OPERATOR TELEPHONE NUMBER ()					BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE			
NAME OF OWNER					OWNER ADDRESS						
OWNER TELEPHONE NUMBER ()											
PROPERTY DAMAGE											
ESTIMATED AMOUNT (USE BEST GUESS IF FORMAL ESTIMATE NOT AVAILABLE)		THIS BOAT AND CONTENTS \$			OTHER BOAT AND CONTENTS \$			OTHER PROPERTY \$			
DESCRIBE PROPERTY DAMAGE											
WITNESS NOT ON THIS VESSEL											
NAME			ADDRESS				TELEPHONE NUMBER ()				
NAME			ADDRESS				TELEPHONE NUMBER ()				
PERSON COMPLETING THIS REPORT											
NAME			ADDRESS				TELEPHONE NUMBER ()				
SIGNATURE			QUALIFICATION		<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER	DATE SUBMITTED				
					<input type="checkbox"/> INVESTIGATOR	<input type="checkbox"/> OTHER					
ACCIDENT DESCRIPTION											
DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS, INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF LIFE JACKETS.											
FOR AGENCY USE ONLY											
CAUSES BASED ON (CHECK ONE) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER											
NAME OF REVIEWING OFFICER			DATE RECEIVED			<input type="checkbox"/> RECREATIONAL		<input type="checkbox"/> NON-REPORTABLE			
						<input type="checkbox"/> COMMERCIAL					
PRIMARY CAUSE					SECONDARY CAUSE						



UTAH BOATING ACCIDENT OWNER/OPERATOR REPORT

C G No _____

Case No. _____

An operator shall immediately and by the quickest means of communication available notify the nearest state park ranger or other law enforcement officer of an accident that involves a vessel or its equipment when one of the following occurs: a person dies or disappears from a vessel under circumstances that indicate death; a person is injured and receives medical treatment beyond first aid; or property is damaged in excess of \$2 000. If the operator cannot provide this notification, then another person on board shall make the notification. The operator, owner, or other person on board shall submit a completed and signed Owner/Operator Boating Accident Report (PR-53A) to the Division of Parks & Recreation, 1594 West North Temple, (PO Box 146001), Salt Lake City, UT 84114, within 10 days of the accident. (Utah Administrative Code R651-223-1 to 3)

OPERATOR DATA CHECK ONE → Operator Owner/Operator

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

YOUR EXPERIENCE

THIS BOAT	OTHER BOATS	YOUR TRAINING
<input type="checkbox"/> Under 20 hours	<input type="checkbox"/> Under 20 hours	<input type="checkbox"/> None
<input type="checkbox"/> 100 to 500 hours	<input type="checkbox"/> 100 to 500 hours	<input type="checkbox"/> US Power Squadron
<input type="checkbox"/> 20 to 100 hours	<input type="checkbox"/> 20 to 100 hours	<input type="checkbox"/> American Red Cross
<input type="checkbox"/> Over 500 hours	<input type="checkbox"/> Over 500 hours	<input type="checkbox"/> USCG Auxiliary
		<input type="checkbox"/> Utah Course
		<input type="checkbox"/> Other _____

OTHERS CHECK ONE → Owner Witness Deceased Injured (list injury) _____ Injury means: required medical attention, unconscious or incapacitated over 24 hours

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

OTHERS CHECK ONE → Operator-other boat Witness Deceased Injured (list injury) _____

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

OTHERS CHECK ONE → Owner-other boat Witness Deceased Injured (list injury) _____

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

BOAT INFO Make _____ Model _____ Year _____ Length _____ Width _____

Bow # _____ Reg decal # _____ Expires ____/____/____ HIN _____

BOAT TYPE	<input type="checkbox"/> Open motorboat	<input type="checkbox"/> Sail (only)	MATERIAL	<input type="checkbox"/> Wood	<input type="checkbox"/> Steel	DRIVE UNIT	<input type="checkbox"/> Outboard	<input type="checkbox"/> Jet	ENGINE	<input type="checkbox"/> Single	DATA
	<input type="checkbox"/> Cabin motorboat	<input type="checkbox"/> Rowboat		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Rubber/Vinyl		<input type="checkbox"/> Inboard	<input type="checkbox"/> Airboat		<input type="checkbox"/> Twin	
	<input type="checkbox"/> Personal watercraft	<input type="checkbox"/> Canoe		<input type="checkbox"/> Fiberglass			<input type="checkbox"/> I/O			Total horsepower _____	
	<input type="checkbox"/> Auxiliary sail			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____			FUEL	
	<input type="checkbox"/> Other _____									<input type="checkbox"/> Gas	<input type="checkbox"/> Owned
										<input type="checkbox"/> Diesel	<input type="checkbox"/> Borrowed
										List _____	<input type="checkbox"/> Rented

Occurrence date ____/____/____ Occurrence time ____:____ AM PM Area _____ (lake/reservoir)

Location _____ (on the water) Nearest city/town _____ County _____

CONDITIONS

WEATHER Clear None
 Cloudy Light (0-6 mph)
 Rain Moderate (7-14 mph)
 Snow Strong (15-20 mph)
 Haze Storm (> 25 mph)
 Fog

TEMPERATURE Air _____
(estimated) Water _____

VISIBILITY Good Calm (waves < 6")
 Fair Choppy (waves 6'-2')
 Poor Rough (waves 2'-6")
 Zero Very rough (> 6")
 Strong current

PFDs

Adequate number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accessible?	<input type="checkbox"/> <input type="checkbox"/>
Serviceable?	<input type="checkbox"/> <input type="checkbox"/>
Proper size?	<input type="checkbox"/> <input type="checkbox"/>
Were they used?	<input type="checkbox"/> <input type="checkbox"/>

FIRE EXT

Used? Yes No

Type _____

SAFETY CHECK

Has your boat had a safety examination? Yes No

This year?

Examined by? State USCG Auxiliary US Power Squadrons Other*

*List _____

PROPERTY DAMAGE

This boat \$ _____
Other boat \$ _____
Other property \$ _____

Describe
Damage _____

OPERATION BEFORE THE ACCIDENT (Check all applicable)

- Cruising
- Maneuvering
- Approaching dock
- Leaving dock
- Towing
- Being towed
- At anchor
- Tied to dock
- Fueling
- Racing
- Fishing
- Hunting
- Swimming/Skin diving
- Commercial activity
- Other*

*List _____

TYPE OF ACCIDENT

- Grounding
- Capsizing
- Flooding
- Sinking
- Fire or Explosion (fuel)
- Fire or Explosion (other than fuel)
- Collision with vessel
- Collision with fixed object
- Collision with floating object
- Falls overboard
- Falls in boat
- Hit by boat or propeller
- Injured skier/person being towed
- Other*

*List _____

WHAT CAUSED THE ACCIDENT? (In your opinion) (Check all applicable)

- Weather
- Excessive speed
- No proper lookout
- Overloading
- Improper loading
- Restricted vision
- Hazardous waters
- Operator inexperience
- Operator inattention
- Alcohol/Drug use
- Fault of machinery
- Fault of equipment
- Other person's fault
- Other*

*List _____

ACCIDENT DESCRIPTION (Describe and diagram what happened - use additional paper if necessary)

REPORT BY

CHECK ONE → Operator Owner/Operator

Wk. Phone _____ Date _____

Signature _____ Hm. Phone _____ Submitted ____/____/____

Was accident investigated? Yes* No *Agency _____ *Officer _____



WASHINGTON STATE PARKS & RECREATION COMMISSION
BOATING PROGRAMS (360) 586-6592

WASHINGTON BOAT ACCIDENT REPORT (BAR)

PARKS USE ONLY	
V	F
I	D \$

When you have completed this report mail to sheriff or police department that has jurisdiction where accident occurred, or mail to Boating Program at :

Washington State Parks and Recreation Commission
PO Box 42654, Olympia WA 98504-2654

OPERATOR/OWNER: Shall submit report to sheriff or police department that has authority where accident occurred. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases are required within 10 days. When the operator is incapacitated, the operator/owner or law enforcement agency shall file the boating accident. Report. The operator of a boat involved in an accident is required by law to file a report in writing when:

- A boating accident results in loss of life.
- Injury which required medical treatment beyond first aid.
- Property damage is in excess of \$500, or there is a complete loss of a vessel.
- The disappearance of a person from a vessel under circumstances that indicate death or injury.

This report is confidential and will only be used by governmental agencies for statistical purposes as provided in RCW 79A.60.210.

PLEASE TYPE OR PRINT – Complete all requested information. Your Accuracy Will Help Make Our Waters Safer!

County, WA, City of	REPORT NUMBER
---------------------	---------------

OPERATOR INFORMATION

OPERATOR NAME (LAST/FIRST MI)	TELEPHONE NUMBER	
OPERATOR ADDRESS (STREET, CITY, STATE, ZIP CODE)	AGE	DOB

ACCIDENT NARRATIVE (DESCRIBE ACCIDENT IN YOUR OWN WORDS - DESCRIBE HOW EACH EVENT OCCURRED IN THIS ACCIDENT)

OPERATOR EXPERIENCE WITH THIS TYPE OF BOAT		OPERATOR EXPERIENCE WITH OTHER TYPES OF BOATS		FORMAL INSTRUCTION IN BOATING SAFETY																				
<input type="checkbox"/> Under 10 hr	<input type="checkbox"/> 10-100 hrs	<input type="checkbox"/> Under 10 hr	<input type="checkbox"/> 10-100 hrs	<input type="checkbox"/> Under 100 hrs.	<input type="checkbox"/> Unknown	<input type="checkbox"/> Under 10 hr	<input type="checkbox"/> 10-100 hrs	<input type="checkbox"/> Over 100 hrs.	<input type="checkbox"/> Unknown	<input type="checkbox"/> USCG Auxiliary	<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Other State or Local Class	<input type="checkbox"/> No Formal Training	<input type="checkbox"/> None	<input type="checkbox"/> Unknown								
OWNER NAME (IF DIFFERENT THAN OPERATOR)										TELEPHONE NUMBER														
OWNER ADDRESS (STREET, CITY, STATE, ZIP CODE)																								
ACCIDENT DATA																								
DATE OF ACCIDENT (MM/DD/YYYY)					TIME OF ACCIDENT (2400 HR)					COUNTY														
BODY OF WATER (BOW)										GPS COORDINATES LATITUDE														
PRECISE ACCIDENT LOCATION										GPS COORDINATES LONGITUDE														
NEAREST CITY OR TOWN															STATE		WA							
PLEASE CHECK ALL THAT APPLY: Recreational <input type="checkbox"/> Y <input type="checkbox"/> N \$500 or More Damage <input type="checkbox"/> Y <input type="checkbox"/> N Hit & Run <input type="checkbox"/> Y <input type="checkbox"/> N																								
ZONE OF OPERATION						BODY OF WATER						TRAFFIC												
<input type="checkbox"/> Unzoned	<input type="checkbox"/> Restricted MPH	<input type="checkbox"/> Speed	<input type="checkbox"/> No Wake	<input type="checkbox"/> Ski	<input type="checkbox"/> Other _____	<input type="checkbox"/> River	<input type="checkbox"/> Channel	<input type="checkbox"/> Ocean	<input type="checkbox"/> Lake	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy												
CONDITIONS																								
WEATHER (CHECK ALL THAT APPLY)		WIND			WATER CONDITIONS				TEMPERATURE S		VISIBILITY													
<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Fog	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Hazy	<input type="checkbox"/> Unknown	<input type="checkbox"/> None	<input 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 type="checkbox"/> Unknown	<input type="checkbox"/> Calm (waves less than 6")	<input type="checkbox"/> Choppy (waves 6"-2')	<input type="checkbox"/> Rough (waves 2'-6')	<input type="checkbox"/> Very Rough (waves 6'+)	<input type="checkbox"/> Strong Current	<input type="checkbox"/> Unknown	_____ °F Air	_____ °F Water	<input type="checkbox"/> Unknown	DAY	NIGHT	VISIBILITY
																					<input type="checkbox"/>	<input type="checkbox"/>	Good	
																					<input type="checkbox"/>	<input type="checkbox"/>	Fair	
																					<input type="checkbox"/>	<input type="checkbox"/>	Poor	
																					<input type="checkbox"/>	<input type="checkbox"/>	Unknown	
TYPE OF ACCIDENT																								
<input type="checkbox"/> Capsizing	<input type="checkbox"/> Carbon Monoxide Poisoning	<input type="checkbox"/> Collision with Fixed Object	<input type="checkbox"/> Collision with Floating Object	<input type="checkbox"/> Collision with Other Boat	<input type="checkbox"/> Dam Related	<input type="checkbox"/> Fall in Boat	<input type="checkbox"/> Fire/Explosion (Fuel)	<input type="checkbox"/> Fire/Explosion (Other than Fuel)	<input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Grounding	<input type="checkbox"/> Locking Through Dam	<input type="checkbox"/> Fall Overboard	<input type="checkbox"/> Struck by Boat	<input type="checkbox"/> Struck by Propeller	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Sinking	<input type="checkbox"/> Tow Sport: Skier, Tuber, Kneeboard	<input type="checkbox"/> Starting/Stopping Engine	<input type="checkbox"/> Struck Submerged Object	<input type="checkbox"/> Willful Action	<input type="checkbox"/> Other: _____			
BOAT # 1																								
DATA																								
ESTIMATED BOAT DAMAGE \$				BOAT RENTED <input type="checkbox"/> Yes <input type="checkbox"/> No			# OF PERSONS ON BOARD				MFG													
REGISTRATION NUMBER				STATE			DOCUMENTATION #				NUMBER OF SKIERS		MODEL		BOAT NAME									
NUMBER OF ENGINES <input type="checkbox"/> 1 <input type="checkbox"/> 2				HORSEPOWER # 1 # 2			LENGTH				YR. MFG		MFG. HIN											
BOAT INVOLVED WITH						BOAT SAFETY INFORMATION																		
<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Other Boat	<input type="checkbox"/> Other Object	<input type="checkbox"/> Person Towed	<input type="checkbox"/> Other: _____	If boat PWC, did operator have a safety lanyard attached? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
						<input type="checkbox"/> This boat has had a USCG Auxiliary, USPS, State, or Local Safety Check. Most recent year the safety check completed: _____																		
						<input type="checkbox"/> This boat has never had a safety check.																		

BOAT # 1 (continued)

PERSONAL FLOTATION DEVICES (PFD's)

Was there a USCG approved PFD for each person on board (POB)? Yes No
 Were PFDs accessible? Yes No
 Were PFDs in good conditions? Yes No
 How many POB were wearing PFDs at time of accident? _____
 What type of approved PFDs were on board (check labels) I II III IV V

FIRE EXTINGUISHERS

Was there a Fire Extinguisher on board if required? Yes No
 Was a Fire Extinguisher used? Yes No
 If Yes, list types and # used: _____

ALCOHOL INVOLVEMENT

Was there any liquor or alcoholic beverages on board during the operation of this boat? Yes No
 Did operator consume any alcohol before or during the operation of this boat? Yes No
 Did any passengers consume any alcohol before or during the operation of this boat? Yes No
 If 2 or more boats were involved in this accident, was there any indication that the operator(s) had been drinking? Yes No

ESTIMATED USAGE OF BOAT

Estimated number of days vessel used this year: _____
 Typical number of hours vessel used each day this year: _____
 Typical number of persons (Including yourself) on board vessel each day this year: _____

TYPE OF BOAT

Airboat Houseboat Cabin Motorboat Personal Watercraft Other
 Sail Only Jet Boat Open Motorboat (PWC or "Jet Ski")
 Sail with Motor Pontoon Boat Raft Rigid Hull Inflatable
 Pedal Boat Canoe Rowboat Kayak (type Sea Kayak White Water General Use)

TYPE OF HULL

Aluminum Rubber/Vinyl/Canvas
 Fiberglass Steel
 Plastic Wood
 Rigid Hull Inflatable Other _____

TYPE OF ENGINE

Electric Inboard Gasoline Other
 Inboard Manually Powered None
 Jet Pump Inboard-Out drive
 Outboard Inboard Diesel

TYPE OF PROPULSION

Air Thrust Propeller Water Jet
 Manual Sail Other _____

OPERATION AT THE TIME OF ACCIDENT - WHAT WAS BOAT OPERATION AT TIME OF ACCIDENT?

At Anchor/Moorage Cruising Rowing or Padding Towing one or more persons
 Being Towed Docking/Undocking Sailing Start/Stop Engine
 Changing Direction Drifting/floating Tied to Dock/Mooring Fueling
 Changing Speed Launching/retrieving Towing another Boat Emergency Repairs
 Other _____

ACTIVITY AT TIME OF ACCIDENT - WHY WERE BOATERS ON WATER?

Commercial Tournament/Race River Rafting
 Diving or Swimming Traveling Between Locations Flat-water Paddling
 Fishing PWC Play: Jumping Wakes, Turning Circles, etc. Racing
 Hunting Maneuvering within Marina or Moorage Sailing
 Permitted Racing Water Skiing or Other Tow Sport Working on Boat
 Repairs Whitewater Sports Other
 Site Seeing
 Floating or drifting



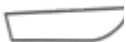

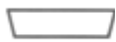
ESTIMATED SPEED

Not Moving
 1-10 mph
 11-20 mph
 21-30 mph
 31-40 mph
 41-60 mph
 61-80 mph
 Over 80 mph

CAUSE OF ACCIDENT (Check all that apply)		
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Ignition of Spilled Fuel or Vapor	<input type="checkbox"/> Passenger/Skier Behavior
<input type="checkbox"/> Boat, Machinery, or Equipment Exhaust	<input type="checkbox"/> Improper Anchoring	<input type="checkbox"/> Restricted Vision
<input type="checkbox"/> Congested Waters	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Rules of the Road Violation
<input type="checkbox"/> Dam/Lock	<input type="checkbox"/> Improper Lighting or No Lights	<input type="checkbox"/> Sharp Turn
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Machinery Failure	<input type="checkbox"/> Standing/Sitting on Gunwale, Bow or Transom
<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Negligent Operation	<input type="checkbox"/> Starting in Gear
<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> No Proper Lookout	<input type="checkbox"/> Wake
<input type="checkbox"/> Failure of Hull	<input type="checkbox"/> Operator error	<input type="checkbox"/> Weather (Heavy)
<input type="checkbox"/> Failure to Vent	<input type="checkbox"/> Operator Inattention	<input type="checkbox"/> Improper exhaust venting
<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/> Starting in Gear	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Over Powering	<input type="checkbox"/> Operation Inexperience	
	<input type="checkbox"/> Overloading	

If two (2) or more vessels were involved – did the operator of other vessel (s) file a report? Yes No

BOAT DAMAGE – CIRCLE DAMAGED AREA(S)

 TOP	 BOTTOM	 RIGHT	 LEFT	 TRANSOM
--	---	--	---	--

BOAT # 2

DATA

ESTIMATED BOAT DAMAGE \$	BOAT RENTED <input type="checkbox"/> Yes <input type="checkbox"/> No	# OF PERSONS ON BOARD	MFG		
REGISTRATION NUMBER	STATE	DOCUMENTATION #	NUMBER OF SKIERS	MODEL	BOAT NAME
NUMBER OF ENGINES <input type="checkbox"/> 1 <input type="checkbox"/> 2	HORSEPOWER # 1 # 2	LENGTH	YR. MFG	MFG. HIN	

BOAT INVOLVED WITH

Fixed Object
 Swimmer
 Other Boat
 Other Object _____

Person Towed
 Other: _____

BOAT SAFETY INFORMATION

If boat PWC, did operator have a safety lanyard attached? Yes No

This boat has had a USCG Auxiliary, USPS, State, or Local Safety Check. Most recent year the safety check completed: _____

This boat has never had a safety check.

PERSONAL FLOTATION DEVICES (PFD's)

Was there a USCG approved PFD for each person on board (POB)? Yes No

Were PFDs accessible? Yes No

Were PFDs in good conditions? Yes No

How many POB were wearing PFDs at time of accident? _____

What type of approved PFDs were on board (check labels) I II III IV V

FIRE EXTINGUISHERS

Was a Fire Extinguisher on board if required? Yes No

Was a Fire Extinguisher used? Yes No

If Yes, list types and # used: _____

ALCOHOL INVOLVEMENT

Was there any liquor or alcoholic beverages on board during the operation of this boat? Yes No

Did operator consume any alcohol before or during the operation of this boat? Yes No

Did any passengers consume any alcohol before or during the operation of this boat? Yes No

If 2 or more boats were involved in this accident, was there any indication that the operator(s) had been drinking? Yes No






ESTIMATED USAGE OF BOAT

Estimated number of days vessel used this year: _____

Typical number of hours vessel used each day this year: _____


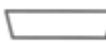

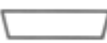
Typical number of persons (Including yourself) on board vessel each day this year: _____

BOAT # 2 (continued)

TYPE OF BOAT				
<input type="checkbox"/> Airboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Personal Watercraft (PWC or "Jet Ski")	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sail Only	<input type="checkbox"/> Jet Boat	<input type="checkbox"/> Open Motorboat	_____	
<input type="checkbox"/> Sail with Motor	<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Raft	<input type="checkbox"/> Rigid Hull Inflatable _____	
<input type="checkbox"/> Pedal Boat	<input type="checkbox"/> Canoe	<input type="checkbox"/> Rowboat	<input type="checkbox"/> Kayak (type) _____	
TYPE OF HULL		TYPE OF ENGINE		
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Electric	<input type="checkbox"/> Inboard Gasoline	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard	<input type="checkbox"/> Manually Powered	<input type="checkbox"/> None _____
<input type="checkbox"/> Plastic	<input type="checkbox"/> Wood	<input type="checkbox"/> Jet Pump	<input type="checkbox"/> Inboard-Out drive	
<input type="checkbox"/> Rigid Hull Inflatable	<input type="checkbox"/> Other _____	<input type="checkbox"/> Outboard	<input type="checkbox"/> Inboard Diesel	
TYPE OF PROPULSION				
<input type="checkbox"/> Air Thrust	<input type="checkbox"/> Propeller	<input type="checkbox"/> Water Jet		
<input type="checkbox"/> Manual	<input type="checkbox"/> Sail	<input type="checkbox"/> Other _____		
OPERATION AT THE TIME OF ACCIDENT - WHAT WAS BOAT OPERATION AT TIME OF ACCIDENT?				
<input type="checkbox"/> At Anchor/Moorage	<input type="checkbox"/> Cruising	<input type="checkbox"/> Rowing or Paddling	<input type="checkbox"/> Towing one or more persons	
<input type="checkbox"/> Being Towed	<input type="checkbox"/> Docking/Undocking	<input type="checkbox"/> Sailing	<input type="checkbox"/> Start/Stop Engine	
<input type="checkbox"/> Changing Direction	<input type="checkbox"/> Drifting/floating	<input type="checkbox"/> Tied to Dock/Mooring	<input type="checkbox"/> Fueling	
<input type="checkbox"/> Changing Speed	<input type="checkbox"/> Launching/retrieving	<input type="checkbox"/> Towing another Boat	<input type="checkbox"/> Emergency Repairs	
			<input type="checkbox"/> Other _____	
ACTIVITY AT TIME OF ACCIDENT - WHY WERE BOATERS ON WATER?				ESTIMATED SPEED
<input type="checkbox"/> Commercial	<input type="checkbox"/> Tournament/Race	<input type="checkbox"/> River Rafting		<input type="checkbox"/> Not Moving
<input type="checkbox"/> Diving or Swimming	<input type="checkbox"/> Traveling Between Locations	<input type="checkbox"/> Flat-water Paddling		<input type="checkbox"/> 1-10 mph
<input type="checkbox"/> Fishing	<input type="checkbox"/> PWC Play: Jumping Wakes, Turning Circles, etc.	<input type="checkbox"/> Racing		<input type="checkbox"/> 11-20 mph
<input type="checkbox"/> Hunting	<input type="checkbox"/> Maneuvering within Marina or Moorage	<input type="checkbox"/> Sailing		<input type="checkbox"/> 21-30 mph
<input type="checkbox"/> Permitted Racing	<input type="checkbox"/> Water Skiing or Other Tow Sport	<input type="checkbox"/> Working on Boat		<input type="checkbox"/> 31-40 mph
<input type="checkbox"/> Repairs	<input type="checkbox"/> Whitewater Sports	<input type="checkbox"/> Other _____		<input type="checkbox"/> 41-60 mph
<input type="checkbox"/> Site Seeing				<input type="checkbox"/> 61-80 mph
<input type="checkbox"/> Floating or drifting				<input type="checkbox"/> Over 80 mph
CAUSE OF ACCIDENT (Check all that apply)				
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Ignition of Spilled Fuel or Vapor	<input type="checkbox"/> Passenger/Skier Behavior		
<input type="checkbox"/> Boat, Machinery, or Equipment Exhaust	<input type="checkbox"/> Improper Anchoring	<input type="checkbox"/> Restricted Vision		
<input type="checkbox"/> Congested Waters	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Rules of the Road Violation		
<input type="checkbox"/> Dam/Lock	<input type="checkbox"/> Improper Lighting or No Lights	<input type="checkbox"/> Sharp Turn		
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Machinery Failure	<input type="checkbox"/> Standing/Sitting on Gunwale, Bow or Transom		
<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Negligent Operation	<input type="checkbox"/> Starting in Gear		
<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> No Proper Lookout	<input type="checkbox"/> Wake		
<input type="checkbox"/> Failure of Hull	<input type="checkbox"/> Operator error	<input type="checkbox"/> Weather (Heavy)		
<input type="checkbox"/> Failure to Vent	<input type="checkbox"/> Operator Inattention	<input type="checkbox"/> Improper exhaust venting		
<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/> Starting in Gear	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Over Powering	<input type="checkbox"/> Operation Inexperience			
	<input type="checkbox"/> Overloading			
If two (2) or more vessels were involved – did the operator of other vessel (s) file a report? <input type="checkbox"/> Yes <input type="checkbox"/> No				
BOAT DAMAGE – CIRCLE DAMAGED AREA(S)				
 TOP	 BOTTOM	 RIGHT	 LEFT	 TRANSOM

INDIVIDUALS INVOLVED

INDIVIDUALS INVOLVED (NAME, ADDRESS, PHONE) - DETAIL FATALITY/INJURY BELOW USING THESE ID NUMBERS *		PDF YES NO		DATE OF BIRTH	INVOLVEMENT	BOAT #
1						
2						
3						
4						
5						
6						
7						
8						

SEATING POSITIONS (USE ABOVE NUMBERS TO INDICATE POSITION OF INDIVIDUALS INVOLVED)				INVOLVEMENT
BOW  STERN BOAT #1 TOP VIEW	LEFT  RIGHT BOAT #1 TRANSOM VIEW	BOW  STERN BOAT #2 TOP VIEW	LEFT  RIGHT BOAT #2 TRANSOM VIEW	O= Operator P= Passenger W= Witness S= Tow Sport Rider

NON-BOAT PROPERTY DAMAGE	
PROPERTY DESCRIPTION	PROPERTY DAMAGE ESTIMATE \$
PROPERTY OWNER'S NAME	PHONE NUMBER
PROPERTY OWNER'S ADDRESS	

DAMAGE TO OTHER PROPERTY	
OTHER PROPERTY DAMAGED <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPERTY DAMAGE ESTIMATE \$
DESCRIBE:	

INJURY (S)

VICTIM ONE'S INFORMATION			
* #: FROM BOAT # <input type="checkbox"/> No Boat	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAL TREATMENT BEYOND FIRST AID <input type="checkbox"/> Yes <input type="checkbox"/> No
VICTIM WAS <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Person Towed	PROPELLER INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No	PFD WORN <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE:	

INJURY CAUSED BY		
<input type="checkbox"/> Impact with Boat	<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> Struck by Boat
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> Impact with Water	<input type="checkbox"/> Other _____

INJURY TYPE (Check all that apply. If more than one, number choices in order of severity)				
<input type="checkbox"/> Amputation	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Teeth	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Other _____
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Burns	<input type="checkbox"/> Dislocation	
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Broken Bone (s)	<input type="checkbox"/> Laceration (Cuts)	<input type="checkbox"/> Shock	
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Contusion (Bruises)	<input type="checkbox"/> Carbon Monoxide	

VICTIM TWO'S INFORMATION			
* #: FROM BOAT # <input type="checkbox"/> No Boat	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAL TREATMENT BEYOND FIRST AID <input type="checkbox"/> Yes <input type="checkbox"/> No
VICTIM WAS <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Person Towed	PROPELLER INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No	PFD WORN <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE:	

INJURY CAUSED BY				
<input type="checkbox"/> Impact with Boat	<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> Struck by Boat		
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> Impact with Water	<input type="checkbox"/> Other _____		
INJURY TYPE (Check all that apply. If more than one, number choices in order of severity)				
<input type="checkbox"/> Amputation	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Teeth	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Other
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Burns	<input type="checkbox"/> Dislocation	
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Broken Bone (s)	<input type="checkbox"/> Laceration (Cuts)	<input type="checkbox"/> Shock	
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Contusion (Bruises)	<input type="checkbox"/> Carbon Monoxide	
VICTIM THREE'S INFORMATION				
* #:	FROM BOAT # <input type="checkbox"/> No Boat	AGE	<input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAL TREATMENT BEYOND FIRST AID <input type="checkbox"/> Yes <input type="checkbox"/> No
VICTIM WAS <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer <input type="checkbox"/> Person Towed		PROPELLER INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No	PFD WORN <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____	
INJURY CAUSED BY				
<input type="checkbox"/> Impact with Boat	<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> Struck by Boat		
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> Impact with Water	<input type="checkbox"/> Other _____		
INJURY TYPE (Check all that apply. If more than one, number choices in order of severity)				
<input type="checkbox"/> Amputation	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Teeth	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Other
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Burns	<input type="checkbox"/> Dislocation	
<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Broken Bone (s)	<input type="checkbox"/> Laceration (Cuts)	<input type="checkbox"/> Shock	
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Contusion (Bruises)	<input type="checkbox"/> Carbon Monoxide	
<input type="checkbox"/> ADDITIONAL INJURIES – ATTACH LIST				
ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR		TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR		
TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF) ON BOARD VESSEL EACH DAY THIS YEAR			AGENCY REPORT DATE	
IF TWO (2) OR MORE VESSELS WERE INVOLVED – DID THE OPERATOR OF OTHER VESSEL FILE A REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SIGNATURE OF PERSON REPORTING			DATE	
STATE PARKS USE ONLY				
PRIMARY CAUSE OF ACCIDENT				
SECONDARY CAUSE OF ACCIDENT				
REVIEWED BY				
CAUSE BASED ON (CHECK ONE) <input type="checkbox"/> BAR <input type="checkbox"/> Investigation <input type="checkbox"/> BAR & Investigation <input type="checkbox"/> Could not be determined, Narrative Report Attached				