



VIRGINIA BOATING ACCIDENT REPORT
 Virginia Department of Game and Inland Fisheries
 7870 Villa Park Dr., Suite 400, P.O. Box 90778, Henrico, VA 23228

Year: _____
 Control No: _____

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 \$2000 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 in person or by mail 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	OPERATOR'S EXPERIENCE	
	DATE OF BIRTH	This Type of Boat <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> Over 500 Hours	Other Boat Operating Exp. <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> Over 500 Hours
OPERATOR TELEPHONE NUMBER	OWNER TELEPHONE NUMBER		
NAME AND ADDRESS OF OPERATOR	RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF PERSONS ON BOARD	FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify)

VESSEL NO. 1 (this vessel)

BOAT REGISTRATION NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL ID NO.
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 <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"/> Other (Specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard-Outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	PROPULSION No. of Engines: Horsepower (total): Type of Fuel:	CONSTRUCTION Length: Year built (boat):
Has boat had a Safety Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No For current year? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Indicate whether: <input type="checkbox"/> USCG Aux. Courtesy Marine Exam. <input type="checkbox"/> State/Local examination <input type="checkbox"/> Other				

ACCIDENT DATA

DATE OF ACCIDENT	TIME a.m. p.m.	NAME OF BODY OF WATER	LOCATION (Give location precisely) Lat: _____ Long: _____									
STATE	NEAREST CITY OR TOWN	COUNTY										
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 <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 (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 <table border="0"> <tr> <td>Day</td> <td>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"/>											

OPERATION AT TIME OF ACCIDENT (Check all that apply) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Towing <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Other (Specify)	TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Flooding <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Fire or Explosion (fuel) <input type="checkbox"/> Fire or Explosion (other than fuel) <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"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all that apply) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Racing <input type="checkbox"/> Being Towed	<input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Fallen Skier	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention

PERSONAL FLOTATION DEVICES (PDF's) Was the boat adequately equipped with Coast Guard approved Flotation Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used by survivors? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V (Specify) _____ Were PFDs properly Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the vessel carrying Non-approved flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate kind _____	PROPERTY DAMAGE Estimate amount This Boat \$ _____ Other Boat \$ _____ Other Property \$ _____	FIRE EXTINGUISHERS Were they used? (If yes, list type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No Types: _____
Include any comments on PFDs under Accident Description on other side of form.		DESCRIBE PROPERTY DAMAGE _____ _____ _____	
		NAME/ADDRESS—OWNER OF DAMAGED PROPERTY _____ _____ _____	

If more than 3 fatalities and/or injuries, attach additional form(s)

DECEASED

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? ___ Swimmer ___ Non-swimmer	DEATH CAUSED BY ___ Drowning ___ Other ___ DISAPPEARANCE	WAS PFD WORN? ___ YES ___ NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? ___ Swimmer ___ Non-swimmer	DEATH CAUSED BY ___ Drowning ___ Other ___ DISAPPEARANCE	WAS PFD WORN? ___ YES ___ NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? ___ Swimmer ___ Non-swimmer	DEATH CAUSED BY ___ Drowning ___ Other ___ DISAPPEARANCE	WAS PFD WORN? ___ YES ___ NO What Type?

INJURED

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT ___ YES ___ NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT ___ YES ___ NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT ___ YES ___ 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 form(s).)

NAME OF OPERATOR	ADDRESS	BOAT NUMBER
TELEPHONE NUMBER		BOAT NAME
NAME OF 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) ___ Operator ___ Owner ___ Investigator ___ Other		DATE SUBMITTED

(Do Not Use) FOR REPORTING AUTHORITY REVIEW (use agency date stamp)

Causes based on (Check one) ___ This report ___ Investigation and this report ___ Investigation ___ Could not be determined	Name of Reviewing Officer	Date Received
Primary Cause of Accident	Secondary Cause of Accident	Reviewed By