



Virginia Boating Incident Report
Virginia Department of Game and Inland Fisheries
7870 Villa Park Drive, Suite 400, PO Box 90778, Henrico, VA 23228

For Office Use:
 Year:
 Date Received:

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; * An injury which requires medical treatment beyond first aid; * Property damage in excess of \$2,000 or total loss of vessel.

Complete All Blocks (indicate those not applicable by "NA")

BOAT OWNER AND OPERATOR INFORMATION

OPERATOR NAME:			DATE OF BIRTH:		
OPERATOR ADDRESS:			OPERATOR'S EXPERIENCE	SAFETY INSTRUCTION	
	This Type of Boat:		Other Boating Experience:		<input type="checkbox"/> State Classroom
	<input type="checkbox"/> Under 20 Hours		<input type="checkbox"/> Under 20 Hours		<input type="checkbox"/> Internet
	<input type="checkbox"/> 20-100 Hours		<input type="checkbox"/> 20-100 Hours		<input type="checkbox"/> USCG Aux
OPERATOR PHONE:			<input type="checkbox"/> 100 - 500 Hours		<input type="checkbox"/> USPS
	<input type="checkbox"/> Over 500 Hours		<input type="checkbox"/> Over 500 Hours		<input type="checkbox"/> None
					<input type="checkbox"/> Other (specify)
OWNER NAME:			RENTED BOAT?	<input type="checkbox"/> Yes	
OWNER ADDRESS:				<input type="checkbox"/> No	

VESSEL INFORMATION - VESSEL #1 (THIS VESSEL)

REGISTRATION NUMBER:			MAKE:			MODEL:			YEAR:		
BOAT NAME			MFR HULL ID NO:								
BOAT LENGTH (FT)			DEPTH FROM TRANSOM TO KEEL								
BEAM OF BOAT (FT)			HORSEPOWER								
TYPE OF BOAT			HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL					
<input type="checkbox"/> Air Boat	<input type="checkbox"/> Paddlecraft		<input type="checkbox"/> Aluminum	<input type="checkbox"/> Air Thrust	<input type="checkbox"/> Inboard	<input type="checkbox"/> Electric					
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Personal Watercraft		<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Manual	<input type="checkbox"/> Outboard	<input type="checkbox"/> Diesel					
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon Boat		<input type="checkbox"/> Plastic	<input type="checkbox"/> Propeller	<input type="checkbox"/> Pod Drive	<input type="checkbox"/> Gas					
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Rowboat		<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Sail	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Other					
<input type="checkbox"/> Inflatable Boat	<input type="checkbox"/> Sail Only		<input type="checkbox"/> Steel	<input type="checkbox"/> Water Jet	(inboard/outboard)						
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Other		<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Other						
			<input type="checkbox"/> Other								

ACCIDENT DATA

DATE OF ACCIDENT			TIME OF ACCIDENT			COUNTY:			STATE:		
BODY OF WATER			LOCATION	Latitude	Longitude						
NEAREST CITY OR TOWN:			Est Air Temp:			Est. Water Temp:					
WEATHER FORECAST AVAILABLE TO AND WEATHER REPORTS USED BY OPERATOR BEFORE AND DURING USE (Yes/No):											
WEATHER:			WATER CONDITIONS:			VISIBILITY					
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain		<input type="checkbox"/> Calm (waves less then 6")			Day			Night		
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow		<input type="checkbox"/> Choppy (waves 6" - 2')			<input type="checkbox"/> Good			<input type="checkbox"/>		
<input type="checkbox"/> Fog	<input type="checkbox"/> Hazy		<input type="checkbox"/> Rough (waves 2' - 6')			<input type="checkbox"/> Fair			<input type="checkbox"/>		
			<input type="checkbox"/> Very Rough (greater than 6')			<input type="checkbox"/> Poor			<input type="checkbox"/>		
			<input type="checkbox"/> Strong Current								
OPERATION AT TIME OF ACCIDENT			NUMBER OF PEOPLE ONBOARD VESSEL:			FIRE EXTINGUISHERS:					
<input type="checkbox"/> Cruising			NUMBER OF PEOPLE BEING TOWED (IF ANY):			Number Used:					
<input type="checkbox"/> Drifting			NUMBER OF WEARABLE LIFE JACKETS ONBOARD:								
<input type="checkbox"/> Fishing			NUMBER OF WEARABLE LIFE JACKETS WORN:			Type:					
<input type="checkbox"/> Hunting			NUMBER OF THROWABLE LIFE JACKETS ONBOARD:								
<input type="checkbox"/> Skiing/Towed Sports			NUMBER OF THROWABLE LIFE JACKETS USED:								
<input type="checkbox"/> Racing											
<input type="checkbox"/> Other											

VIRGINIA WATERCRAFT

SAFE BOATING

ACCIDENT DESCRIPTION - INCLUDE ANY FAILURE OF EQUIPMENT THAT MAY HAVE CONTRIBUTED; INFORMATION ABOUT WHAT CAUSED THE ACCIDENT; INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND/OR DRUGS; ANY INFORMATION ABOUT THE USE OF LIFE JACKETS; DESCRIPTION OF PROPERTY AND VESSEL DAMAGE (attached additional sheets if necessary):

DESCRIPTION OF PROPERTY DAMAGE OR VESSEL DAMAGE:

VESSEL DAMAGE ESTIMATE AMOUNT:

PROPERTY DAMAGE ESTIMATE AMOUNT:

NAME AND ADDRESS OF EACH OWNER OF PROPERTY INVOLVED (USE ADDITIONAL SHEETS IF NECESSARY):

DECEASED (if more than 2, attached additional forms)

NAME: <input type="text"/>	WAS VICTIM	DEATH CAUSED BY:	WAS LIFE JACKET WORN:
ADDRESS: <input type="text"/>	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	<input type="checkbox"/> Yes
	<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> No
DATE OF BIRTH: <input type="text"/>		<input type="checkbox"/> Disappearance	

NAME: <input type="text"/>	WAS VICTIM	DEATH CAUSED BY:	WAS LIFE JACKET WORN:
ADDRESS: <input type="text"/>	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	<input type="checkbox"/> Yes
	<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> No
DATE OF BIRTH: <input type="text"/>		<input type="checkbox"/> Disappearance	

INJURED (if more than 2, attached additional forms)

NAME: <input type="text"/>	WAS VICTIM	NATURE AND EXTENT OF INJURY:	WAS LIFE JACKET WORN:
ADDRESS: <input type="text"/>	<input type="checkbox"/> Swimmer	<input type="text"/>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Non-Swimmer		<input type="checkbox"/> No
DATE OF BIRTH: <input type="text"/>		Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME: <input type="text"/>	WAS VICTIM	NATURE AND EXTENT OF INJURY:	WAS LIFE JACKET WORN:
ADDRESS: <input type="text"/>	<input type="checkbox"/> Swimmer	<input type="text"/>	<input type="checkbox"/> Yes
	<input type="checkbox"/> Non-Swimmer		<input type="checkbox"/> No
DATE OF BIRTH: <input type="text"/>		Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

NUMBER OF PEOPLE ONBOARD:

REGISTRATION NUMBER:

VESSEL NAME:

NUMBER OF PEOPLE TOWED:

OWNER NAME:

OWNER ADDRESS:

OPERATOR NAME:

OPERATOR ADDRESS:

WITNESSES

NAME: <input type="text"/>	ADDRESS: <input type="text"/>	PHONE: <input type="text"/>
NAME: <input type="text"/>	ADDRESS: <input type="text"/>	PHONE: <input type="text"/>

PERSON COMPLETING REPORT

NAME: <input type="text"/>	ADDRESS: <input type="text"/>	PHONE: <input type="text"/>
----------------------------	-------------------------------	-----------------------------

SIGNATURE: