

VIRGINIA BOATER'S GUIDE

BOATING INCIDENT REPORT



Virginia Boating Incident Report
Virginia Department of Wildlife Resources
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"/> 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
<input type="checkbox"/> Air Boat	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Air Thrust	<input type="checkbox"/> Inboard
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Manual	<input type="checkbox"/> Outboard
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Plastic	<input type="checkbox"/> Propeller	<input type="checkbox"/> Pod Drive
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Sail	<input type="checkbox"/> Sterndrive
<input type="checkbox"/> Inflatable Boat	<input type="checkbox"/> Steel	<input type="checkbox"/> Water Jet	(inboard/outboard)
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Other		
			FUEL
			<input type="checkbox"/> Electric
			<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<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"/> Calm (waves less then 6")	Day	
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Choppy (waves 6" - 2')	<input type="checkbox"/> Good	Night
<input type="checkbox"/> Fog	<input type="checkbox"/> Rough (waves 2' - 6')	<input type="checkbox"/> Fair	
<input type="checkbox"/> Rain	<input type="checkbox"/> Very Rough (greater than 6')	<input type="checkbox"/> Poor	
<input type="checkbox"/> Snow	<input type="checkbox"/> Strong Current		
<input type="checkbox"/> Hazy			
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			

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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"/>
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SIGNATURE: