

Massachusetts Environmental Police
Boat and Recreation Vehicle Safety Bureau
 5205 Ent Street
 Buzzards Bay, MA 02542-9998
 Phone: (508) 564-4961 Fax: (508) 564-4964

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		OPERATOR'S EXPERIENCE							
		DATE OF BIRTH									
OPERATOR TELEPHONE NUMBER		OWNER TELEPHONE NO.		FORMAL INSTRUCTION BOATING SAFETY							
				<input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> STATE <input type="checkbox"/> U.S. POWER SQUADRONS <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> OTHER (Specify) _____							
NAME AND ADDRESS OF OWNER		RENTED BOAT?		NUMBER OF PERSONS ON BOARD							
		<input type="checkbox"/> YES <input type="checkbox"/> NO									
VESSEL NO. 1 (this vessel)											
BOAT REGISTRATION NO.		BOAT NAME	BOAT MAKE	BOAT MODEL	MFR HULL IDENTIFICATION 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 Indicate whether <input type="checkbox"/> USCG AUX. Courtesy Marine Exam <input type="checkbox"/> State/Local <input type="checkbox"/> 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 <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') <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air _____ F Water _____ F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-6mph) <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"/>						
OPERATION AT TIME OF ACCIDENT (Check all that apply)		TYPE OF ACCIDENT		WHAT IN YOUR OPINION CONTRIBUTED TO THE 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"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Being Towed		<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than Fuel) <input type="checkbox"/> Fallen Skier <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"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify) _____		<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"/> 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 (PFD'S)				PROPERTY DAMAGE	FIRE EXTINGUISHERS						
Was the boat adequately equipped with C.G. 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 Were PFD's 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 (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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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