



MASSACHUSETTS ENVIRONMENTAL POLICE

Boating Accident Report (BAR)

A BAR is required by the USCG (Fed 33 CFR part 173) and by MGL CH90B§9(b) by any numbered vessel or any vessel used for recreational purposes that is involved in an accident that results in death, disappearance, injury beyond first aid or property damage in excess of \$500.00.

Complete all blocks (indicate those not applicable by "NA")

<p>Report required because (select all that apply):</p> <p><input type="checkbox"/> At least one person in this accident <i>died</i>: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> At least one injured person in this accident <i>required or was in need of treatment beyond first aid</i>: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> At least one person in this accident <i>disappeared</i> and has not yet been recovered: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> All boat and other property <i>damage</i> (e.g., fishing/hunting gear) caused by this accident <i>totaled</i> (or likely totaled) \$500.00 or more: Approximate value of damage to <i>your</i> boat: \$ <input style="width: 100px;" type="text"/> Approximate value of damage to <i>your</i> other property: \$ <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Your or another <i>boat</i> in this accident was (or likely was) a <i>total loss</i></p> <p>Report submitted by (select all that apply):</p> <p><input type="checkbox"/> Boat Operator (required if possible)</p> <p><input type="checkbox"/> Boat Owner (if operator unable, or same as operator)</p> <p><input type="checkbox"/> Other (describe): <input style="width: 300px;" type="text"/></p> <p>First name: <input style="width: 100px;" type="text"/> Last name: <input style="width: 100px;" type="text"/></p> <p>Phone: <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/></p>	<p>To be submitted within: 48 hours (if injury, disappearance or death) 5 days (if boat/property <i>damage only</i>)</p> <p>To be submitted by email, fax or mail to:</p> <p>MASSACHUSETTS ENVIRONMENTAL POLICE BOAT AND RECREATION VEHICLE SAFETY BUREAU PO Box 1325 Forestdale, MA 02644 Phone: (508) 564-4961 Fax: (508) 564-4964 Email: MEP.AccidentReports@Mass.Gov</p> <p>For State Agency Use Only</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Agency:</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>First name:</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Last name:</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Phone:</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Case #:</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Bard #:</td><td><input style="width: 100%;" type="text"/></td></tr> </table>	Agency:	<input style="width: 100%;" type="text"/>	First name:	<input style="width: 100%;" type="text"/>	Last name:	<input style="width: 100%;" type="text"/>	Phone:	<input style="width: 100%;" type="text"/>	Case #:	<input style="width: 100%;" type="text"/>	Bard #:	<input style="width: 100%;" type="text"/>
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ACCIDENT SUMMARY

<p>WHEN</p> <p>Date: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> mm/dd/yy</p> <p>Time: <input style="width: 50px;" type="text"/> : <input style="width: 50px;" type="text"/> <input type="radio"/> am <input type="radio"/> pm (select one)</p> <p>WHERE</p> <p>Body of water name: <input style="width: 100%;" type="text"/></p> <p>Location (on water) description: <input style="width: 100%;" type="text"/></p> <p>Nearest city/town: <input style="width: 100%;" type="text"/></p> <p>County: <input style="width: 100%;" type="text"/></p> <p>State: <input style="width: 50px;" type="text"/></p> <p>YOUR BOAT - PEOPLE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td># people on board (including operator):</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td># people being towed (e.g., on tubes, skis):</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td># people wearing lifejackets (on board or towed):</td><td><input style="width: 50px;" type="text"/></td></tr> </table> <p>OTHER BOATS INVOLVED IN ACCIDENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td># of other boats involved?</td><td><input style="width: 50px;" type="text"/></td></tr> </table>	# people on board (including operator):	<input style="width: 50px;" type="text"/>	# people being towed (e.g., on tubes, skis):	<input style="width: 50px;" type="text"/>	# people wearing lifejackets (on board or towed):	<input style="width: 50px;" type="text"/>	# of other boats involved?	<input style="width: 50px;" type="text"/>	<p>ACCIDENT DESCRIPTION</p> <p>Briefly describe this accident (attach extra pages if necessary): <input style="width: 100%; height: 80px;" type="text"/></p> <p>DAMAGE TO YOUR BOAT</p> <p>Briefly summarize any damage to your boat: <input style="width: 100%; height: 80px;" type="text"/></p> <p>DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)</p> <p>Briefly summarize any damage to your other property (not boat): <input style="width: 100%; height: 80px;" type="text"/></p>
# people on board (including operator):	<input style="width: 50px;" type="text"/>								
# people being towed (e.g., on tubes, skis):	<input style="width: 50px;" type="text"/>								
# people wearing lifejackets (on board or towed):	<input style="width: 50px;" type="text"/>								
# of other boats involved?	<input style="width: 50px;" type="text"/>								

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

YOUR BOAT

BOAT IDENTIFICATION

Your boat name: Manufacturer:
 Model name: Model year:
 Registration #: Documentation #:
 Hull Identification # (HIN): Rented: Yes No

SIZE ESTIMATES

Length: ft. Depth from transom (stern) to keel (bottommost point): ft. in. Beam width at widest point: ft.

HULL MATERIAL

Type of hull material (select one):
 Fiberglass Wood Rubber/vinyl/canvas Other (describe):
 Aluminum Steel Plastic

BOAT TYPE

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

ENGINE

engines: Engine type and horsepower (select one):
 Outboard Sterndrive (I/O) Inboard None
 Total horsepower: hp
 Fuel type (select all that apply):
 Gasoline Electric
 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):
 Federal Agency (Name):
 US Coast Guard Auxiliary: VSC Decal? Yes No State Agency (Name):
 US Power Squadrons: VSC Decal? Yes No Other Agency (Name):
 # Life jackets on board: # Fire extinguishers on board: Type of fire extinguishers (e.g., ABC):
 # Fire extinguishers used: Amount of fire extinguisher used:

ACCIDENT DETAILS - EXTERNAL CONDITIONS

WEATHER

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

WATER

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

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

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):

- Recreational
- Commercial

Operator/passenger activities (select all that apply):

- Fishing
- Tubing
- Starting engine
- Other (list):
- Hunting
- Water Skiing
- Making repairs
- White water activity (e.g., rafting)
- Relaxing

BOAT OPERATIONS

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

- Cruising (underway under power)
- Drifting
- Racing
- Towing another vessel
- Changing direction
- At anchor
- Rowing/paddling
- Launching
- Changing speed
- Being towed
- Tied to dock/mooring
- Docking/undocking
- Sailing
- Other (list):

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):

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

ACCIDENT DETAILS - YOUR BOAT

MACHINERY/EQUIPMENT FAILURE

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

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

ACCIDENT DETAILS - EVENTS ON YOUR BOAT

ACCIDENT EVENTS

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

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

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, struck by, or being towed by *your boat*, receiving or in need of treatment beyond first aid.
Do not report injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, 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: - - Date of Birth: Age:

INJURY DETAILS

Injury caused when person (select all that apply):
 Struck the: (e.g., boat, water)
 Was struck by a: (e.g., boat, propeller)
 Was exposed to carbon monoxide poisoning
 Received an electric shock
 Other (describe):

Nature of most serious injury (select one):
 Scrape/bruise Dislocation
 Cut Internal organ injury
 Sprain/strain Amputation
 Concussion/brain injury Burn
 Spinal cord injury Other (describe):
 Broken/fractured bone

Person was wearing lifejacket? Yes No
Person received treatment beyond first aid? Yes No
Person was admitted to a hospital? Yes No

Body part of most serious injury (e.g., head, hip, knee):

ACCIDENT DETAILS - YOUR BOAT - DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed 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: - - Date of Birth: Age:

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person (select all that apply):
 Struck the: (e.g., boat, water)
 Was struck by a: (e.g., boat, propeller)
 Was exposed to carbon monoxide poisoning
 Received an electric shock
 Other (describe):

Nature of death/disappearance (select one):
 Death - by drowning
 Death - other likely cause (describe):
 Disappeared and not yet recovered

Person was wearing lifejacket? Yes No

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 10, up to 100 hours
- Over 100, up to 500 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 or wireless device) 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="checkbox"/>	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

Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	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="checkbox"/>	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="checkbox"/>	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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