



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 style="width: 60%;">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: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> mm/dd/yy</p> <p>Time: <input style="width: 30px;" type="text"/> : <input style="width: 30px;" 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 style="width: 80%;"># people <i>on board</i> (including operator):</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td># people <i>being towed</i> (e.g., on tubes, skis):</td><td><input style="width: 20px;" type="text"/></td></tr> <tr><td># people <i>wearing lifejackets</i> (on board or towed):</td><td><input style="width: 20px;" type="text"/></td></tr> </table> <p>OTHER BOATS INVOLVED IN ACCIDENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 60%;"># of <i>other</i> boats involved?</td><td><input style="width: 20px;" type="text"/></td></tr> </table>	# people <i>on board</i> (including operator):	<input style="width: 20px;" type="text"/>	# people <i>being towed</i> (e.g., on tubes, skis):	<input style="width: 20px;" type="text"/>	# people <i>wearing lifejackets</i> (on board or towed):	<input style="width: 20px;" type="text"/>	# of <i>other</i> boats involved?	<input style="width: 20px;" type="text"/>	<p>ACCIDENT DESCRIPTION</p> <p><i>Briefly</i> describe this accident (attach extra pages if necessary):</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DAMAGE TO YOUR BOAT</p> <p><i>Briefly</i> summarize any damage to <i>your</i> boat:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)</p> <p><i>Briefly</i> summarize any damage to <i>your</i> other property (not boat):</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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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
- Flooding/swamping
- Person fell overboard
- Collision with commercial boat (e.g., tug, barge)
- Fire/explosion - fuel
- Person fell on/within boat
- Collision with fixed object (e.g., dock, bridge)
- Fire/explosion - non-fuel
- Sudden medical condition
- Collision with submerged object (e.g., stump, cable)
- Carbon monoxide exposure
- Person struck by boat
- Collision with floating object (e.g., log, buoy)
- Mishap of skier, tuber, wakeboarder, etc.
- Person struck by propeller or propulsion unit
- Capsizing
- Person left boat voluntarily
- Person electrocuted
- Grounding
- Person ejected from boat (caused by collision or maneuver)
- Sinking
- Other (describe):

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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