**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")

<table>
<thead>
<tr>
<th>Report required because (select all that apply):</th>
<th>To be submitted within:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ At least one person in this accident died:</td>
<td>48 hours (if injury, disappearance or death)</td>
</tr>
<tr>
<td>If so, how many?</td>
<td>5 days (if boat/property damage only)</td>
</tr>
<tr>
<td>☐ At least one injured person in this accident required or was in need of treatment beyond first aid:</td>
<td>To be submitted by mail or fax to:</td>
</tr>
<tr>
<td>If so, how many?</td>
<td>MASSACHUSETTS ENVIRONMENTAL POLICE</td>
</tr>
<tr>
<td>☐ At least one person in this accident disappeared and has not yet been recovered:</td>
<td>BOAT AND RECREATION VEHICLE SAFETY BUREAU</td>
</tr>
<tr>
<td>If so, how many?</td>
<td>PO Box 1325</td>
</tr>
<tr>
<td>☐ All boat and other property damage (e.g., fishing/hunting gear) caused by this accident totaled (or likely totaled) $500.00 or more:</td>
<td>Forestdale, MA 02644</td>
</tr>
<tr>
<td>Approximate value of damage to your boat: $</td>
<td>Phone: (508) 564-4961</td>
</tr>
<tr>
<td>Approximate value of damage to your other property: $</td>
<td>Fax: (508) 564-4964</td>
</tr>
<tr>
<td>☐ Your or another boat in this accident was (or likely was) a total loss</td>
<td>For State Agency Use Only</td>
</tr>
</tbody>
</table>

### Report submitted by (select all that apply):

- ☐ Boat Operator (required if possible)
- ☐ Boat Owner (if operator unable, or same as operator)
- ☐ Other (describe):

First name: __________________________ Last name: __________________________

Phone: __________________________ - __________________________ - __________________________

### ACCIDENT SUMMARY

#### WHEN

| Date: __________________________ | mm/dd/yy |
| Time: __________________________ | am | pm (select one) |

#### WHERE

| Body of water name: __________________________ |
| Location (on water) description: __________________________ |
| Nearest city/town: __________________________ |
| County: __________________________ |
| State: __________________________ |

### YOUR BOAT - PEOPLE

- # people on board (including operator): __________________________
- # people being towed (e.g., on tubes, skis): __________________________
- # people wearing lifejackets (on board or towed): __________________________

### OTHER BOATS INVOLVED IN ACCIDENT

# of other boats involved: __________________________

### ACCIDENT DESCRIPTION

Briefly describe this accident (attach extra pages if necessary):

### DAMAGE TO YOUR BOAT

Briefly summarize any damage to your boat:

### DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)

Briefly summarize any damage to your other property (not boat):
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### Boat Identification

<table>
<thead>
<tr>
<th>Your boat name:</th>
<th>Manufacturer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model name:</td>
<td>Model year:</td>
</tr>
<tr>
<td>Registration #:</td>
<td>Documentation #:</td>
</tr>
<tr>
<td>Hull Identification # (HIN):</td>
<td></td>
</tr>
</tbody>
</table>

Rented: ☐ Yes ☐ No

### Size Estimates

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

### 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) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)
  - ☐ Open motorboat
  - ☐ Houseboat
  - ☐ Rowboat
  - ☐ Air thrust
  - ☐ Auxiliary sail
  - ☐ Sail (only)
  - ☐ Air boat
  - ☐ Other (describe): ___
  - ☐ Pontoon boat
  - ☐ Kayak
  - ☐ Other (describe): ___

### 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
- ☐ US Power Squadrons: VSC Decal? ☐ Yes ☐ No
- ☐ Other Agency (Name):

# Life jackets on board: ___
# Fire extinguishers on board: ___
# Fire extinguishers used: ___
Type of fire extinguishers (e.g., ABC): ___
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 ☐ Good
  - ☐ Night ☐ Fair
  - ☐ Other (describe): ___

- Visibility 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: [ ] Recreational  [ ] Commercial

- Activities: [ ] Fishing  [ ] Tubing  [ ] Starting engine  [ ] Other (list):

- White water activity (e.g., rafting)  [ ] Relaxing

#### BOAT OPERATIONS

Your boat operations at time of accident:

- Crusing (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:

- 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  [ ] Inadequate on-board navigation lights

- Improper anchoring  [ ] Navigation rules violation  [ ] Ignition of fuel or vapor  [ ] People on gunwale, bow

- Improper loading  [ ] Failure to vent  [ ] Starting in gear  [ ] or transom

- Overloading  [ ] Dam/lock  [ ] Sharp turn

- Improper lookout  [ ] 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:

- 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:

- 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

- Grounding  [ ] Person electrocuted

- Sinking  [ ] Person ejected from boat (caused by collision or maneuver)

- 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.

<table>
<thead>
<tr>
<th>INJURED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>First:</td>
</tr>
<tr>
<td>Street:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Phone: - - -</td>
</tr>
</tbody>
</table>

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): ______________________

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

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

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.

<table>
<thead>
<tr>
<th>PERSON WHO DIED/DISAPPEARED</th>
</tr>
</thead>
<tbody>
<tr>
<td>First:</td>
</tr>
<tr>
<td>Street:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Phone: - - -</td>
</tr>
</tbody>
</table>

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 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

**OPERATOR EXPERIENCE**

Experience operating this type of boat (select one):
- 0 to 10 hours
- Over 100, up to 500 hours
- Over 10, up to 100 hours
- Over 500 hours

**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): ___________________________

Other boat registration # (if any): ___________________________

Phone: ___________________________ - ___________________________ -

**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): ___________________________

Other boat registration # (if any): ___________________________

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

### YOUR BOAT OPERATOR

**NAME/ADDRESS**

<table>
<thead>
<tr>
<th>First:</th>
<th>MI:</th>
<th>Last:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

**AGE/GENDER/PHONE**

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[Male]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Female]</td>
<td></td>
</tr>
</tbody>
</table>

### YOUR BOAT OWNER

If same as your **boat operator**, SKIP rest of YOUR BOAT OWNER section.

**NAME/ADDRESS/PHONE**

<table>
<thead>
<tr>
<th>First:</th>
<th>MI:</th>
<th>Last:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### PERSON SUBMITTING THIS REPORT

If same as your **boat operator** **OR owner**, SKIP rest of PERSON SUBMITTING THIS REPORT section.

**NAME/ADDRESS/PHONE/ROLE**

<table>
<thead>
<tr>
<th>First:</th>
<th>MI:</th>
<th>Last:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Your signature:</th>
<th>Date:</th>
<th>mm/dd/yy</th>
</tr>
</thead>
</table>