RECREATIONAL BOATING ACCIDENT REPORT

IDAHO DEPARTMENT OF PARKS AND RECREATION
PO BOX 83720
BOISE, ID 83720-0065

Agency Case # _____ *BARD #* _____

REPORT REQUIREMENTS

The operator of any vessel involved in a collision, accident or other casualty resulting in death, injury or property damage in excess of $500 must file a Boating Accident Report (67-7027, Idaho Code). Reports in cases of death, incapacitating injury or disappearance must be submitted within 48 hours. Reports in other cases must be submitted within 10 days. All reports shall be submitted to the sheriff of the county in which the accident occurred, and a copy shall be readily transmitted by the sheriff's department to the State Boating Enforcement Coordinator, Idaho Department of Parks and Recreation.

Report required because (select all that apply):

- ☐ At least one person in this accident died.
- ☐ At least one injured person in this accident (required or was in need of treatment beyond first aid).
- ☐ At least one person in this accident disappeared and has not yet been recovered.
- ☐ All boat and other property damage (e.g., fishing/hunting gear) related to this accident totaled (or likely totaled) $500 or more.
- ☐ Boats in this accident is (or likely is) a total loss.

ACCIDENT SUMMARY

When

Date: _____ MM/DD/YY Time: _____ ☐ am ☐ pm (select one)

Where

Body of water name: _____

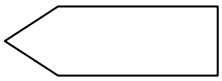
Location (on water) description: _____

Nearest city/town: _____

County: _____ State: _____

Accident Description:

Accident Diagram
Diagram the position and direction of travel of boat(s) involved

Before Impact	At Impact	After Impact
		

Sequence of Events
Breifly describe the sequence of events

Contributing Factors

Indicate factors on each boat which may have contributed to this accident **(select all that apply for each boat):**

B1	B2		B1	B2		B1	B2		B1	B2	
☐	☐	Alcohol use	☐	☐	Operator inattention	☐	☐	Hazardous waters	☐	☐	Navigation aid not performing
☐	☐	Drug use	☐	☐	Operator inexperience	☐	☐	Heavy weather	☐	☐	People on gunwhale, bow or transom
☐	☐	Excessive speed	☐	☐	Improper loading	☐	☐	Hull failure	☐	☐	Other **(describe):**
☐	☐	Improper anchoring	☐	☐	Navigation rules violation	☐	☐	Ignition of fuel or vapor			
☐	☐	Overloading	☐	☐	Failure to vent	☐	☐	Starting in gear			
☐	☐	Improper lookout	☐	☐	Dam/lock	☐	☐	Sharp turn			
☐	☐	Careless/reckless operation	☐	☐	Force of wake/wave	☐	☐	Restricted vision			
☐	☐	Off throttle steering loss	☐	☐	Congested waters	☐	☐	Failure to yield			
			☐	☐	Passenger/skier behavior	☐	☐	Navigation aids missing			

Machinery Equipment Failure

Failure of the following machinery/equipment that contributed to this accident (select all that apply for each boat):

B1	B2		B1	B2		B1	B2		B1	B2	
☐	☐	Engine	☐	☐	Sail/mast	☐	☐	Shift	☐	☐	Fire extinguisher
☐	☐	Electrical system	☐	☐	Onboard lights	☐	☐	Radio	☐	☐	Ventilation
☐	☐	Fuel system	☐	☐	Seats	☐	☐	Auxiliary equipment	☐	☐	Other (list):
☐	☐	Outboard navigation aids (e.g., gps)	☐	☐	Steering	☐	☐	Sound equipment (e.g., horn, whistle)			
			☐	☐	Throttle						

Accident Events

Types of event occurring to/on each boat during accident (select all that apply):

B1	B2		B1	B2		B1	B2	
☐	☐	Collision with recreation boat	☐	☐	Flooding/swamping	☐	☐	Person fell overboard
☐	☐	Collision with fixed object	☐	☐	Fire/explosion – fuel	☐	☐	Person fell on/within boat
☐	☐	Collision with submerged object	☐	☐	Fire/explosion – non-fuel	☐	☐	Sudden medical condition
☐	☐	Collision with floating object	☐	☐	Carbon monoxide exposure	☐	☐	Person struck by boat
☐	☐	Capsizing	☐	☐	Mishap of skier, tuber, Wake boarder, etc.	☐	☐	Person struck by propulsion unit
☐	☐	Grounding	☐	☐	Person left boat voluntarily	☐	☐	Person electrocuted
☐	☐	Sinking	☐	☐	Person ejected from boat	☐	☐	Other (describe):

Accident Details – External Conditions

Overall weather was (select one):

- ☐ Clear
- ☐ Cloudy
- ☐ Foggy
- ☐ Raining
- ☐ Snowing
- ☐ Hazy
- ☐ Other (describe):

It was (select one):

- ☐ Day
- ☐ Night

Visibility was (select one):

- ☐ Good
- ☐ Fair
- ☐ Poor

Approximate air temperature: ____ °F

Approximate water temperature: ____ °F

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 (strong)

Water

Overall water conditions (select one):

- ☐ Up to 6 inch waves (calm)
- ☐ Over 6 inch, up to 2 foot waves (choppy)
- ☐ Over 2 foot, up to 6 foot waves (rough)
- ☐ Over 6 foot waves (very rough)

Other water conditions:

Strong current?	☐ Yes	☐ No
Hazardous waters?	☐ Yes	☐ No
Congested waters?	☐ Yes	☐ No

BOAT #1

Owner Information

Last name: First: MI:

Street: City:

State: Zip: Phone number:

Boat Information

Registration number: State (where registered):

Manufacturer: Model: Year:

Boat name: Hull number (HIN):

Length: ft. In. Rented: ☐ Yes ☐ No

Boat Type (select one):

- ☐ Cabin motorboat
- ☐ Open motorboat
- ☐ Auxiliary sail
- ☐ Pontoon boat
- ☐ Inflatable
- ☐ House boat
- ☐ Sail (only)
- ☐ Kayak
- ☐ Canoe
- ☐ Rowboat
- ☐ Airboat
- ☐ Personal watercraft (PWC)
- ☐ Other (describe):

Propulsion (select all that apply):

- ☐ Propeller
- ☐ Sail
- ☐ Manual
- ☐ Water jet
- ☐ Air thrust
- ☐ Other (describe):

Hull Material

Type of hull material (select one):

- ☐ Fiberglass
- ☐ Aluminum
- ☐ Wood
- ☐ Steel
- ☐ Rubber/vinyl/canvas
- ☐ Plastic
- ☐ Other (describe):

Engine

Number of engines:

Manufacturer:

Total horsepower:

Engine type (select one):

- ☐ Outboard
- ☐ Inboard
- ☐ Stern drive (I/O)
- ☐ None

Fuel type (select all that apply):

- ☐ Gasoline
- ☐ Diesel
- ☐ Electric

Safety Measures

Instructions in boat safety (select one):

- ☐ State course
- ☐ US Coast Guard Auxiliary
- ☐ Informal

Received PWC rental education? ☐ Yes ☐ No

- ☐ US Power Squadron
- ☐ American Red Cross
- ☐ None/other (describe):

Number of lifejackets on board:

Number of lifejackets used:

Number of fire extinguishers on board:

Number of fire extinguishers used:

Damage to the boat

Briefly summarize any damage to the boat:

Approximate value of damage to the boat: Was the boat a total loss? ☐ Yes ☐ No

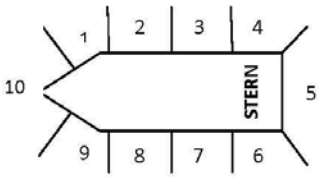
Insurance Company:

Briefly summarize any damage to other property (not the boat) (e.g., fishing gear):

Approximate value of damage to other property:

BOAT #1 continued

Point of impact (indicate all that apply):



11 – Below water line
12 – Lower Unit
13 – Windsheild
14 – Burned
15 – Sunk
16 – Injuries – No Damage

Positions

Indicate the positions in boat for Operator (O), Passenger (#), Seated (S), Stand (A), and other (N).

Post acceleration to boat:
R – Remains aboard
F – Fall
E – Ejected
L – Leaves boat voluntarily
T – Trapped in overturned boat

Examples below:
OAR – Operator, stand, remains aboard
2SF – Passenger #2, seated, fall overboard

Operator/Passenger Activities

Operator/Passenger activities on the boat at time of accident:

Activities were (select one):
- ☐ Recreational
- ☐ Commercial

Number of people on board:

Number of people being towed:

Operator/Passenger activities (select all that apply):
- ☐ Fishing
- ☐ Hunting
- ☐ White water activity
- ☐ Tubing
- ☐ Water skiing
- ☐ Relaxing
- ☐ Starting engine
- ☐ Making repairs
- ☐ Other (list):

Boat Operations

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

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

Key People/Operator

Name/address boat operator ☐ Same as the owner

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was operator injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

Operator report status (select one):
☐ No operator ☐ Complete ☐ Incomplete ☐ None Was a boating citation issued? ☐ Yes ☐ No

Was alcohol involved? ☐ Yes ☐ No OUI arrest? ☐ Yes ☐ No BAC level:

Operators experience: ☐ 0 to 10 hours ☐ Over 10, up to 100 hours ☐ Over 100, up to 500 ☐ Over 500 hours

BOAT #1 continued

Other key people

Other key person was (select all that apply): ☐ Passenger on boat ☐ Person being towed by boat ☐ Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

Other key people

Other key person was (select all that apply): ☐ Passenger on boat ☐ Person being towed by boat ☐ Witness

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Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

Other key people

Other key person was (select all that apply): ☐ Passenger on boat ☐ Person being towed by boat ☐ Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

BOAT #1 continued

Accident Details – Injured people receiving or in need of treatment beyond first aid

Injured person information

Last: First: MI:

Street: City:

State: Zip: Phone:

Age: Was injured person wearing a lifejacket? ☐ Yes ☐ No If yes, what type:

Person received treatment beyond first aid: ☐ Yes ☐ No Person was admitted to a hospital: ☐ Yes ☐ No

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):

The injured person was (select one):

☐ Boat operator/owner ☐ Passenger on the boat

☐ Person being towed by the boat

Nature of the most serious injury (select one):

☐ Scrape ☐ 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):

Person who died or disappeared

Deceased persons information

Last: First: MI:

Street: City:

State: Zip: Phone:

Age: Was person wearing a lifejacket? ☐ Yes ☐ No

Injury caused when person (select all that apply):

☐ Struck the: (e.g., boat, water)

☐ Was struck by a: (e.g., boat, prop)

☐ 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? ☐ Yes ☐ No

The deceased or missing person was (select one):

☐ Boat operator/owner ☐ Passenger on the boat

☐ Person being towed by the boat

BOAT #2

Owner Information

Last name: First: MI:

Street: City:

State: Zip: Phone number:

Boat Information

Registration number: State (where registered):

Manufacturer: Model: Year:

Boat name: Hull number (HIN):

Length: ft. In. Rented: ☐ Yes ☐ No

Boat Type (select one):

- ☐ Cabin motorboat
- ☐ Open motorboat
- ☐ Auxiliary sail
- ☐ Pontoon boat
- ☐ Inflatable
- ☐ House boat
- ☐ Sail (only)
- ☐ Kayak
- ☐ Canoe
- ☐ Rowboat
- ☐ Airboat
- ☐ Personal watercraft (PWC)
- ☐ Other (describe):

Propulsion (select all that apply):

- ☐ Propeller
- ☐ Sail
- ☐ Manual
- ☐ Water jet
- ☐ Air thrust
- ☐ Other (describe):

Hull Material

Type of hull material (select one):

- ☐ Fiberglass
- ☐ Aluminum
- ☐ Wood
- ☐ Steel
- ☐ Rubber/vinyl/canvas
- ☐ Plastic
- ☐ Other (describe):

Engine

Number of engines:

Manufacturer:

Total horsepower:

Engine type (select one):

- ☐ Outboard
- ☐ Inboard
- ☐ Stern drive (I/O)
- ☐ None

Fuel type (select all that apply):

- ☐ Gasoline
- ☐ Diesel
- ☐ Electric

Safety Measures

Instructions in boat safety (select one):

- ☐ State course
- ☐ US Coast Guard Auxiliary
- ☐ Informal

Received PWC rental education? ☐ Yes ☐ No

- ☐ US Power Squadron
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Number of lifejackets on board:

Number of lifejackets used:

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Damage to the boat

Briefly summarize any damage to the boat:

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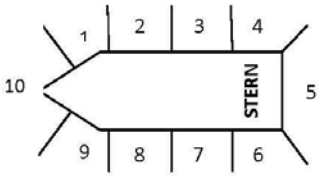
Insurance Company:

Briefly summarize any damage to other property (not the boat) (e.g., fishing gear):

Approximate value of damage to the other property:

BOAT #2 continued

Point of impact (indicate all that apply):



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Operator/Passenger activities on your boat at time of accident:

Activities were (select one):
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- ☐ Commercial

Number of people on board:

Number of people being towed:

Operator/Passenger activities (select all that apply):
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- ☐ Hunting
- ☐ White water activity
- ☐ Tubing
- ☐ Water skiing
- ☐ Relaxing
- ☐ Starting engine
- ☐ Making repairs
- ☐ Other (list):

Boat Operations

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

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

Key People/Operator

Name/address boat operator ☐ Same as the owner

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was operator injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

Operator report status (select one):

☐ No operator ☐ Complete ☐ Incomplete ☐ None Was a boating citation issued? ☐ Yes ☐ No

Was alcohol involved? ☐ Yes ☐ No OUI arrest? ☐ Yes ☐ No BAC level:

Operators experience: ☐ 0 to 10 hours ☐ Over 10, up to 100 hours ☐ Over 100, up to 500 ☐ Over 500 hours

BOAT #2 continued

Other key people

Other key person was (select all that apply): ☐ Passenger on boat ☐ Person being towed by boat ☐ Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

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Last: First: MI:

Street: City:

State: Zip: Phone:

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Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

Other key people

Other key person was (select all that apply): ☐ Passenger on boat ☐ Person being towed by boat ☐ Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

☐ Male ☐ Female DOB: DL#: State:

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries:

Fatal? ☐ Yes ☐ No

BOAT #2 continued

Accident Details – Injured people receiving or in need of treatment beyond first aid

Injured person information

Last: First: MI:

Street: City:

State: Zip: Phone:

Age: Was injured person wearing a lifejacket? ☐ Yes ☐ No If yes, what type:

Person received treatment beyond first aid: ☐ Yes ☐ No Person was admitted to a hospital: ☐ Yes ☐ No

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):

The injured person was (select one):

☐ Boat operator/owner ☐ Passenger on the boat

☐ Person being towed by the boat

Nature of the most serious injury (select one):

☐ Scrape ☐ 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):

Person who died or disappeared

Deceased persons information

Last: First: MI:

Street: City:

State: Zip: Phone:

Age: Was person wearing a lifejacket? ☐ Yes ☐ No

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☐ Struck the: (e.g., boat, water)

☐ Was struck by a: (e.g., boat, prop)

☐ 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? ☐ Yes ☐ No

The deceased or missing person was (select one): ☐ Boat operator/owner ☐ Passenger on the boat

☐ Person being towed by the boat

Person submitting this report

Reporting officer/investigators information

Last: First: MI:

Agency:

Street: City:

State: Zip: Phone:

Email:

Signature: Date:

State Reporting Authority

Signature of reviewing official: Date:

Causes based on: ☐ This report ☐ Investigation ☐ Investigation and this report ☐ Could not be determined

Primary cause of accident:

Secondary cause of accident:

State reporting authority: Date:

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