

# 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 \$1,500 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 Law 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) \$1,500 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:

# RECREATIONAL BOAT ACCIDENT REPORT

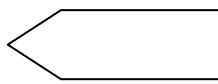
## Accident Diagram

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

Before Impact



At Impact



After Impact



## Sequence of Events

Briefly 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
<input type="checkbox"/> <input type="checkbox"/> Alcohol use	<input type="checkbox"/> <input type="checkbox"/> Operator inattention	<input type="checkbox"/> <input type="checkbox"/> People on	<input type="checkbox"/> <input type="checkbox"/> Failure to yield
<input type="checkbox"/> <input type="checkbox"/> Careless/reckless Operation	<input type="checkbox"/> <input type="checkbox"/> Improper anchoring	<input type="checkbox"/> <input type="checkbox"/> gunwhale, bow or transom	<input type="checkbox"/> <input type="checkbox"/> Lack of / improper ski observer
<input type="checkbox"/> <input type="checkbox"/> Congested waters	<input type="checkbox"/> <input type="checkbox"/> Improper loading	<input type="checkbox"/> <input type="checkbox"/> Starting in gear	<input type="checkbox"/> <input type="checkbox"/> Other (describe):
<input type="checkbox"/> <input type="checkbox"/> Dam/lock	<input type="checkbox"/> <input type="checkbox"/> Lack of/improper boat lights	<input type="checkbox"/> <input type="checkbox"/> Force of wake / wave	B1 <input style="width: 100px; height: 15px;" type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> Operator inexperience	<input type="checkbox"/> <input type="checkbox"/> Heavy weather	B2 <input style="width: 100px; height: 15px;" type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Equipment failure	<input type="checkbox"/> <input type="checkbox"/> Overloading	<input type="checkbox"/> <input type="checkbox"/> Improper lookout	<input type="checkbox"/> <input type="checkbox"/> Unknown
<input type="checkbox"/> <input type="checkbox"/> Excessive speed	<input type="checkbox"/> <input type="checkbox"/> Passenger/skier Behavior	<input type="checkbox"/> <input type="checkbox"/> Off throttle	<input type="checkbox"/> <input type="checkbox"/> Language barrier
<input type="checkbox"/> <input type="checkbox"/> Failure to vent	<input type="checkbox"/> <input type="checkbox"/> Restricted vision	<input type="checkbox"/> <input type="checkbox"/> steering Loss	
<input type="checkbox"/> <input type="checkbox"/> Hazardous waters	<input type="checkbox"/> <input type="checkbox"/> Navigation rules Violation	<input type="checkbox"/> <input type="checkbox"/> Navigation aids Missing	
<input type="checkbox"/> <input type="checkbox"/> Hull failure	<input type="checkbox"/> <input type="checkbox"/> Sharp turn	<input type="checkbox"/> <input type="checkbox"/> Navigation aid not performing	
<input type="checkbox"/> <input type="checkbox"/> Ignition of fuel or Vapor			
<input type="checkbox"/> <input type="checkbox"/> Machinery failure			

RECREATIONAL BOAT ACCIDENT REPORT

**Machinery Equipment Failure**

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

<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Auxiliary equipment <input type="checkbox"/> <input type="checkbox"/> Communication equipment <input type="checkbox"/> <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> <input type="checkbox"/> Sail/mast <input type="checkbox"/> <input type="checkbox"/> Seats	<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Sound equipment (e.g., horn, whistle) <input type="checkbox"/> <input type="checkbox"/> Visual distress signals	<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Outboard navigation aids <input type="checkbox"/> <input type="checkbox"/> Electrical system <input type="checkbox"/> <input type="checkbox"/> Engine <input type="checkbox"/> <input type="checkbox"/> Fuel system <input type="checkbox"/> <input type="checkbox"/> Shift	<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> Throttle <input type="checkbox"/> <input type="checkbox"/> Ventilation <input type="checkbox"/> <input type="checkbox"/> Radio <input type="checkbox"/> <input type="checkbox"/> Onboard lights
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**Type of Accident**

Number by order of occurrence

<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Grounding <input type="checkbox"/> <input type="checkbox"/> Capsizing <input type="checkbox"/> <input type="checkbox"/> Flooding/swamping <input type="checkbox"/> <input type="checkbox"/> Sinking <input type="checkbox"/> <input type="checkbox"/> Fire/explosion – fuel <input type="checkbox"/> <input type="checkbox"/> Fire/explosion – non-fuel <input type="checkbox"/> <input type="checkbox"/> Mishap of skier, tuber, wake boarder, etc. <input type="checkbox"/> <input type="checkbox"/> Collision with recreation boat <input type="checkbox"/> <input type="checkbox"/> Collision with commercial boat	<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> <input type="checkbox"/> Collision with floating object <input type="checkbox"/> <input type="checkbox"/> Person fell overboard <input type="checkbox"/> <input type="checkbox"/> Person fell on/within boat <input type="checkbox"/> <input type="checkbox"/> Person struck by boat <input type="checkbox"/> <input type="checkbox"/> Person struck by propulsion unit <input type="checkbox"/> <input type="checkbox"/> Collision with submerged object <input type="checkbox"/> <input type="checkbox"/> Starting engine	<b>B1 B2</b> <input type="checkbox"/> <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> <input type="checkbox"/> Person electrocuted <input type="checkbox"/> <input type="checkbox"/> Fall on boat <input type="checkbox"/> <input type="checkbox"/> Person ejected from boat <input type="checkbox"/> <input type="checkbox"/> Sudden medical condition <input type="checkbox"/> <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> <input type="checkbox"/> Other (describe): B1: <input type="text"/> B2: <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> Unknown
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**Accident Details – External Conditions**

<b>Weather</b> (check all applicable): <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Hazy <input type="checkbox"/> Other (describe): <input type="text"/>	<b>Time of day:</b> <input type="checkbox"/> Day <input type="checkbox"/> Night	<b>Visibility:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Wind:</b> <input type="checkbox"/> 0 mph (none) <input type="checkbox"/> Over 0, up to 12 mph (light) <input type="checkbox"/> Over 12, up to 25 mph (moderate) <input type="checkbox"/> Over 25, up to 55 mph (strong) <input type="checkbox"/> Over 55 mph (strong)
	Approximate air temperature: <input type="text"/> °F Approximate water temperature: <input type="text"/> °F		

**Water Conditions**

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

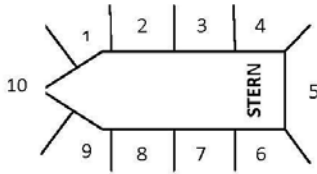
RECREATIONAL BOAT ACCIDENT REPORT

<b>BOAT #1</b>		
<b>Owner Information</b>		
Last name: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>		
Street: <input type="text"/> City: <input type="text"/>		
State: <input type="text"/> Zip: <input type="text"/> Phone number: <input type="text"/>		
<b>Boat Information</b>		
Registration number: <input type="text"/> State (where registered): <input type="text"/>		
Hull number (HIN): <input type="text"/> Boat name: <input type="text"/>		
Manufacturer: <input type="text"/> Model: <input type="text"/> Year: <input type="text"/>		
Length: <input type="text"/> ft. <input type="text"/> In. Rented: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type of Boat</b> (select one):		<b>Propulsion (select all that apply):</b>
<input type="checkbox"/> Cabin motorboat <input type="checkbox"/> Open motorboat <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Inflatable <input type="checkbox"/> House boat <input type="checkbox"/> Sail (only)		<input type="checkbox"/> Kayak <input type="checkbox"/> Canoe <input type="checkbox"/> Rowboat <input type="checkbox"/> Airboat <input type="checkbox"/> Jet Boat <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): <input type="text"/>
<input type="checkbox"/> Propeller <input type="checkbox"/> Water jet <input type="checkbox"/> Air thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="text"/>		
<b>Hull Material</b>		
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood		
<input type="checkbox"/> Steel <input type="checkbox"/> Rubber/vinyl/canvas <input type="checkbox"/> Plastic		
<input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Kevlar <input type="checkbox"/> Other (Specify): <input type="text"/>		
<b>Engine</b>	<b>Engine type (select one):</b>	<b>Fuel type (select all that apply):</b>
Number of engines: <input type="text"/>	<input type="checkbox"/> Outboard	<input type="checkbox"/> Gasoline
Manufacturer: <input type="text"/>	<input type="checkbox"/> Inboard	<input type="checkbox"/> Diesel
Total horsepower: <input type="text"/>	<input type="checkbox"/> Stern drive (I/O)	<input type="checkbox"/> Electric
	<input type="checkbox"/> None	
<b>Safety Measures</b>		
Instructions in boat safety (select one):		Received PWC rental education? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> None <input type="checkbox"/> State course <input type="checkbox"/> US Coast Guard Auxiliary		<input type="checkbox"/> US Power Squadron <input type="checkbox"/> Internet Course <input type="text"/> <input type="checkbox"/> American Red Cross <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe): <input type="text"/>
Number of lifejackets on board: <input type="text"/>	Number of fire extinguishers on board: <input type="text"/>	
Number of lifejackets used: <input type="text"/>	Number of fire extinguishers used: <input type="text"/>	
	Type of fire extinguishers (e.g., B-I, B-II): <input type="text"/>	
<b>Damage to the boat</b>		
Briefly summarize any damage to the boat: <input type="text"/>		
Estimated amount of damage to the boat: <input type="text"/>		Was the boat a total loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company: <input type="text"/>		
Briefly summarize any damage to other property (not the boat) (e.g., fishing gear): <input type="text"/>		
Estimated amount of damage to other property: <input type="text"/>		

RECREATIONAL BOAT ACCIDENT REPORT

**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:

**Activity at Time of Accident:**

- Fishing
- Fishing tournament
- Hunting
- Swimming/Diving
- Making repairs
- Water skiing/Tubing
- Other (list):
- Racing
- White water sports
- Fueling
- Starting engine
- Non-Recreational
- Scuba Diving/Snorkeling
- Relaxing

**Operation at Time of Accident:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Cruising           | <input type="checkbox"/> Towing another Vessel | <input type="checkbox"/> Launching            | <input type="checkbox"/> Other (list): <input type="text"/> |
| <input type="checkbox"/> Changing direction | <input type="checkbox"/> Being towed           | <input type="checkbox"/> Docking/undocking    |   |
| <input type="checkbox"/> Changing speed     | <input type="checkbox"/> Rowing/paddling       | <input type="checkbox"/> At anchor            |   |
| <input type="checkbox"/> Drifting           | <input type="checkbox"/> Sailing               | <input type="checkbox"/> Tied to dock/mooring |   |

**Estimated Speed:**  Drifting  Under 10 mph  10 – 20 mph  Over 20 mph  Over 40 mph  None

**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 life jacket worn?  Yes  No If yes, what type:   Before  As a result of

Was operator injured beyond first aid?  Yes  No Fatal?  Yes  No

**Operator report status** (select one):

- No operator
- Complete
- Incomplete
- None

Was a boating citation issued?  Yes  No If yes, indicate violation and code section :

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

RECREATIONAL BOAT ACCIDENT REPORT

**BOAT #1 continued**

**Other key people #1**

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 life jacket worn?  Yes  No If yes, what type:   Before  As a result of

Was this person injured beyond first aid?  Yes  No Fatal?  Yes  No

**Other key people #2**

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 life jacket worn?  Yes  No If yes, what type:   Before  As a result of

Was this person injured beyond first aid?  Yes  No Fatal?  Yes  No

**Other key people #3**

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 life jacket worn?  Yes  No If yes, what type:   Before  As a result of

Was this person injured beyond first aid?  Yes  No Fatal?  Yes  No

RECREATIONAL BOAT ACCIDENT REPORT

**BOAT #1 continued**

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

Injured person information

Same information as:  (e.g., operator or passenger/witness #1)

Last:  First:  MI:

Street:  City:

State:  Zip:  Phone:

Date of Birth  Age:  Was injured person wearing a lifejacket?  Yes  No

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

**Describe Injury:**

**Primary Injury (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                   | <input type="checkbox"/> Head Injury       |
| <input type="checkbox"/> Amputation                | <input type="checkbox"/> Hypothermia       |
| <input type="checkbox"/> Back Injury               | <input type="checkbox"/> Internal Injuries |
| <input type="checkbox"/> Broken Bone(s)            | <input type="checkbox"/> Laceration        |
| <input type="checkbox"/> Burns                     | <input type="checkbox"/> Neck Injury       |
| <input type="checkbox"/> Carbon Monoxide Poisoning | <input type="checkbox"/> Shock             |
| <input type="checkbox"/> Contusion                 | <input type="checkbox"/> Spinal Injury     |
| <input type="checkbox"/> Dislocation               | <input type="checkbox"/> Sprain/strain     |
| <input type="checkbox"/> Electrocutation           | <input type="checkbox"/> Teeth             |

Other (describe)

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

**Secondary (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown                   | <input type="checkbox"/> Head Injury       |
| <input type="checkbox"/> Amputation                | <input type="checkbox"/> Hypothermia       |
| <input type="checkbox"/> Back Injury               | <input type="checkbox"/> Internal Injuries |
| <input type="checkbox"/> Broken Bone(s)            | <input type="checkbox"/> Laceration        |
| <input type="checkbox"/> Burns                     | <input type="checkbox"/> Neck Injury       |
| <input type="checkbox"/> Carbon Monoxide Poisoning | <input type="checkbox"/> Shock             |
| <input type="checkbox"/> Contusion                 | <input type="checkbox"/> Spinal Injury     |
| <input type="checkbox"/> Dislocation               | <input type="checkbox"/> Sprain/strain     |
| <input type="checkbox"/> Electrocutation           | <input type="checkbox"/> Teeth             |

Other (describe)

**The injured person was (select one):**

- Boat operator/owner  Passenger on the boat  
 Person being towed by the boat

Alcohol use apparent  Yes  No BAC

Life Jacket Type

**Life Jacket Use Information:**

- |  |  |
|--|--|
| <input type="checkbox"/> Worn                    | <input type="checkbox"/> Inflatable            |
| <input type="checkbox"/> Inherently buoyant      | <input type="checkbox"/> Not worn but used     |
| <input type="checkbox"/> Prior to accident       | <input type="checkbox"/> Not worn and not used |
| <input type="checkbox"/> As a result of accident | <input type="checkbox"/> Unknown               |

**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):

RECREATIONAL BOAT ACCIDENT REPORT

**BOAT #1 continued**

**Person who died or disappeared**

Same information as:  (e.g., operator or passenger/witness #1)

Deceased persons information

Last:  First:  MI:

Street:  City:

State:  Zip:  Phone:

Date of Birth  Age:   Male  Female

Alcohol use apparent  Yes  No BAC  Drug use apparent  Yes  No Type

**Victim Activity:**

- Fishing  Tubing
- Hunting  Water Skiing
- Scuba Diving / Snorkeling
- Swimming
- Other (specify)
- None

Was person wearing a lifejacket?  Yes  No

Life Jacket Type

**Life Jacket Use Information:**

- Worn  Inflatable
- Inherently buoyant  Not worn but used
- Prior to accident  Not worn and not used
- As a result of accident  Unknown

**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?  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:

State reporting authority:  Date: