



WASHINGTON STATE PARKS & RECREATION COMMISSION
BOATING PROGRAMS (360) 902-8555

WASHINGTON BOAT ACCIDENT REPORT (BAR)

STATE PARKS USE ONLY	
VESSELS	FATALITIES
INJURIES	DAMAGES
\$	
COAST GUARD NUMBER	

EACH OPERATOR OR OWNER INVOLVED IN AN ACCIDENT IS REQUIRED TO SUBMIT A SEPARATE REPORT
Estimated report form completion time: 30 minutes
FOR EACH QUESTION, PLEASE PROVIDE ANSWERS, IF APPLICABLE AND IF KNOWN, OTHERWISE LEAVE BLANK.
THIS REPORT IS CONFIDENTIAL AND IS ONLY USED BY THE STATE AND THE US COAST GUARD FOR STATISTICAL REPORTS AS ALLOWED BY STATE LAW.
KEEP A COPY OF THIS REPORT FOR YOUR RECORDS BEFORE SENDING IT TO LAW ENFORCEMENT.

REPORT SUBMISSION

- Report required because (select all that apply):**
- At least one person in this accident died.
If so, how many?
 - At least one injured person in this accident required or was in need of treatment beyond first aid.
If so, how many?
 - At least one person in this accident disappeared and has not yet been recovered.
If so, how many?
 - All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled \$2,000 or more.
Approximate value damage to your boat \$
Approximate value damage to your property \$
 - Your boat or another boat in this accident was (or likely was) a total loss
- Report submitted by (select all that apply):**
- Boat Operator (required if possible)
 - Boat Owner (if operator unable, or same as operator)
 - Other (describe):

To be submitted within:
 48 Hours (if injury or disappearance or death)
 10 days (if boat property damage only)

Submit Report to Local Law Enforcement Agency:

For a complete listing of County / City Law Enforcement agencies, please go to www.parks.wa.gov or call 360-902-8555.

First name: _____ **Last Name:** _____
Phone: _____

LE Only: When completed, please forward a copy of this report to Washington State Parks - Boating Programs

ACCIDENT SUMMARY

WHEN

DATE: (MM/DD/YYYY)
 TIME: AM PM

ACCIDENT DESCRIPTION

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

WHERE

Body of water name:
 Location (on water) Description:
 Nearest city/town:
 County:
 State:

YOUR BOAT – PEOPLE

of people on board (including operator):
 # people being towed (for example, on tubes, skis):
 #people wearing lifejackets (on board or towed):

DAMAGE TO YOUR BOAT

Briefly summarize any damage to your boat:

OTHER BOATS INVOLVED IN ACCIDENT

of other boats involved:

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)

Briefly summarize any damage to your other property (not boat):

YOUR BOAT			
BOAT IDENTIFICATION			
Boat Name:		Manufacturer:	
Model Name:		Model Year:	
Registration #:		Documentation #:	
Hull Identification # (HIN):		Rented: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIZE ESTIMATES			
Length:	ft.	in.	Depth from transom (stern) to keel (bottom most point):
			ft.
			in.
Beam width at widest point:		ft.	in.
HULL MATERIAL			
Type of hull material (select one):			
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Rubber / Vinyl / Canvas	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic	
BOAT TYPE			
Boat type (select one):		Available propulsion (select all that apply):	
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Inflatable	<input type="checkbox"/> Canoe	<input type="checkbox"/> Personal Watercraft (PWC)
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Rowboat	(Jet Ski, Wave Runner)
<input type="checkbox"/> Auxiliary Sail (has motor)	<input type="checkbox"/> Sail (only)	<input type="checkbox"/> Air Boat	
<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Kayak	<input type="checkbox"/> Other (describe):	
		<input type="checkbox"/> Propeller	<input type="checkbox"/> Air thrust
		<input type="checkbox"/> Sail	<input type="checkbox"/> Other (describe):
		<input type="checkbox"/> Manual	
		<input type="checkbox"/> Water Jet	
ENGINE			
# of engines:	Engine type and horsepower (select one):		Fuel Type (select all that apply):
Manufacturer:	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sterndrive (I/O)	<input type="checkbox"/> Inboard
	<input type="checkbox"/> None	<input type="checkbox"/> Gasoline	
	Total horsepower: hp	<input type="checkbox"/> Electric	
		<input type="checkbox"/> 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, such as, life jackets, anchor and line, fire extinguishers):			
<input type="checkbox"/> US Coast Guard Auxiliary: VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Federal Agency (Name):			
<input type="checkbox"/> US Power Squadrons: VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> State Agency (Name):			
<input type="checkbox"/> Other Agency (Name):			
# of Lifejackets:	# of Fire Extinguishers on board:	Type of Fire Extinguishers (such as, "A", "B", "C"):	
	# of Fire extinguishers used:	Amount of fire extinguisher used:	
ACCIDENT DETAILS – EXTERNAL CONDITIONS			
WEATHER			
Overall weather was (select one):		It was (select one):	Visibility was (select one):
<input type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Day	<input type="checkbox"/> Good
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snowing	<input type="checkbox"/> Night	<input type="checkbox"/> Fair
<input type="checkbox"/> Foggy	<input type="checkbox"/> Hazy		<input type="checkbox"/> Poor
<input type="checkbox"/> Other (describe):		Approximate air temperature: ° F	
		Wind was (select one):	
		<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 (stormy)	
WATER			
Overall water conditions (select one):		Other water conditions:	
<input type="checkbox"/> Up to 6in. waves (calm)	<input type="checkbox"/> Over 2ft. up to 6ft. waves (choppy)	Approximate water temperature: ° F	
<input type="checkbox"/> Over 6in. up to 2ft. waves (rough)	<input type="checkbox"/> Over 6ft. waves (very rough)	Strong Current <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hazardous Waters (such as, rapid tidal flow, currents) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Congested waters <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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* (i.e., 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

Last Name	First Name	Middle Initial	Age
Street Address			
City	State	Zip Code	Phone Number

INJURY DETAILS

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: (such as: boat, water)</p> <p><input type="checkbox"/> Was struck by a: (such as: boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe):</p> <p>Person was wearing a lifejacket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Person received treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Person was admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Nature of <i>most serious</i> injury (select one):</p> <p><input type="checkbox"/> Scrape / Bruise <input type="checkbox"/> Dislocation</p> <p><input type="checkbox"/> Cut <input type="checkbox"/> Internal organ injury</p> <p><input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Amputation</p> <p><input type="checkbox"/> Concussion / Brain Injury <input type="checkbox"/> Burn</p> <p><input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Other (describe):</p> <p><input type="checkbox"/> Broken / Fractured Bone</p> <p>Body part of <i>most serious</i> injury (for example, head, hip, knee):</p>
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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/disappearances to report, attach additional copies of this page.
 If none, SKIP DEATHS / DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED

Last Name	First Name	Middle Initial	Age
Street Address			
City	State	Zip Code	Phone Number

DETAILS OF DEATH / DISAPPEARANCE

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: (i.e., boat, water)</p> <p><input type="checkbox"/> Was struck by a: (i.e., boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe):</p>	<p>Nature of death / disappearance (select one):</p> <p><input type="checkbox"/> Drowning</p> <p><input type="checkbox"/> Other likely cause (describe):</p> <p><input type="checkbox"/> Disappeared and not yet recovered</p> <p>Person was wearing lifejacket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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ACCIDENT DETAILS – YOUR BOAT OPERATOR			
OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES	
<input type="checkbox"/> None <input type="checkbox"/> State course <input type="checkbox"/> USCG Auxiliary course <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Internet (name of sponsoring organization): <input type="checkbox"/> Other (describe):		On board, prior to accident, was operator wearing: A lifejacket? <input type="checkbox"/> Yes <input type="checkbox"/> No An engine cut-off switch (Lanyard or wireless device) if equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WA STATE MANDATORY BOATER EDUCATION CARD?		On board, prior to accident, was operator using: Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Did operator of <i>your</i> boat have state mandatory boater education card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Card issued by different state State		Operator arrested for Boating Under the Influence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OPERATOR EXPERIENCE			
<input type="checkbox"/> 0 to 100 hours <input type="checkbox"/> Over 100, up to 500 hours <input type="checkbox"/> Over 10, up to 100 hours <input type="checkbox"/> Over 500 hours		Weather reports consulted prior to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCIDENT DETAILS – OTHER KEY PEOPLE			
Only report other key people <i>not already documented</i> as injured, died, disappeared or operator/owner of <i>your</i> 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): <input type="checkbox"/> Other boat operator <input type="checkbox"/> Other boat owner <input type="checkbox"/> Owner of other damaged property <input type="checkbox"/> Passenger on <i>your</i> boat <input type="checkbox"/> Witness			
Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
Other boat name (if any)		Other boat registration # (if any)	
NAME / ADDRESS			
This other key person was a(n) (select all that apply): <input type="checkbox"/> Other boat operator <input type="checkbox"/> Other boat owner <input type="checkbox"/> Owner of other damaged property <input type="checkbox"/> Passenger on <i>your</i> boat <input type="checkbox"/> Witness			
Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
Other boat name (if any)		Other boat registration # (if any)	

YOUR BOAT OPERATOR			
NAME / ADDRESS / PHONE			
Last Name	First Name	Middle Initial	
Street Address			
City	State	Zip Code	Phone Number
AGE / GENDER			
Date of Birth (MM / DD / YYYY)	Age	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
YOUR BOAT OWNER (If same as <i>your</i> boat operator SKIP rest of <i>YOUR BOAT OWNER</i> section.)			
NAME / ADDRESS / PHONE			
Last Name	First Name	Middle Initial	
Street Address			
City	State	Zip Code	Phone Number
PERSON SUBMITTING THIS REPORT (If same as <i>your</i> operator OR <i>owner</i> , SKIP rest of <i>PERSON SUBMITTING THIS REPORT</i> section.)			
Last Name	First Name	Middle Initial	
Street Address			
City	State	Zip Code	Phone Number
<p>I was a(n) (select one):</p> <p><input type="checkbox"/> Other person on board this boat</p> <p><input type="checkbox"/> Accident witness not on board this boat</p> <p><input type="checkbox"/> Other (describe):</p>			
SIGNATURE OF PERSON SUBMITTING THIS REPORT			
SIGNATURE:		DATE:	
STATE PARKS USE ONLY PRIMARY CAUSE OF ACCIDENT:			