BOATING PROGRAMS (360) 902-8555       VESSELS       FATALITIES         WASHINGTON BOAT ACCIDENT REPORT (BAR)       INJURIES       DAMAGES 3         COAST GUARD NUMBER       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 REPORT S A 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):
WASHINGTON BOAT ACCIDENT REPORT (BAR)       \$         COAST GUARD NUMBER       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       To be submitted within: (If so, how many?)       At least one person in this accident died. (If so, how many?)       To be submitted within: (At least one person in this accident disappeared and has not yet been recovered. (If so, how many?)       To be network (if injury or disappearance or death) (10 days (if boat property damage only)       Submit Report to Local Law Enforcement Agency:         All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled       Submit Report to Local Law Enforcement Agency:
REPORT (BAR)       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):         If so, how many?         At least one person in this accident died.         If so, how many?         At least one person in this accident disappeared and has not yet been recovered.         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
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         REPORT SA 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 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?         At least one person in this accident disappeared and has not yet been recovered.         If so, how many?         At least one person in this accident disappeared and has not yet been recovered.         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
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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 required because (select all that apply):         At least one person in this accident died.       To be submitted within:         At least one injured person in this accident required or was in need of treatment beyond first aid.       To be submitted within:         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       Manual Cole and the property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled
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 required because (select all that apply):         At least one person in this accident died.       To be submitted within:         At least one injured person in this accident required or was in need of treatment beyond first aid.       To be submitted within:         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       Submit Report to Local Law Enforcement Agency:
KEEP A COPY OF THIS REPORT FOR YOUR RECORDS BEFORE SENDING IT TO LAW ENFORCEMENT.         REPORT SUBMISSION         Report required because (select all that apply):       To be submitted within:         At least one person in this accident died.       15 o, how many?         At least one injured person in this accident required or was in need of treatment beyond first aid.       To be submitted within:         If so, how many?       At least one person in this accident disappeared and has not yet been recovered.       Submit Report to Local Law Enforcement Agency:         If so, how many?       All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled       Submit Report to Local Law Enforcement Agency:
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.       To be submitted within:         If so, how many?       At least one person in this accident required or was in need of treatment beyond first aid.       48 Hours (if injury or disappearance or death)         If so, how many?       At least one person in this accident disappeared and has not yet been recovered.       Submit Report to Local Law Enforcement Agency:         If so, how many?       All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled       Fishing/hunting
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.       To be submitted within:         If so, how many?       At least one person in this accident required or was in need of treatment beyond first aid.       To be submitted within:         If so, how many?       At least one person in this accident disappeared and has not yet been recovered.       Submit Report to Local Law Enforcement Agency:         All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled       For the submitted within:
<ul> <li>If so, how many?</li> <li>At least one injured person in this accident required or was in need of treatment beyond first aid. If so, how many?</li> <li>At least one person in this accident disappeared and has not yet been recovered. If so, how many?</li> <li>All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled</li> <li>10 days (if boat property damage only)</li> <li>10 days (if boat property damage only)</li> <li>Submit Report to Local Law Enforcement Agency:</li> </ul>
<ul> <li>was in need of treatment beyond first aid. If so, how many?</li> <li>At least one person in this accident disappeared and has not yet been recovered. If so, how many?</li> <li>All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled</li> </ul>
<ul> <li>At least one person in this accident disappeared and has not yet been recovered.         If so, how many?         </li> <li>All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled</li> </ul>
If so, how many? All boat and other property damage (e.g. fishing/hunting gear) caused by this accident totaled or likely totaled
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)
<ul> <li>Boat Owner (if operator unable, or same as operator)</li> <li>Other (describe):</li> </ul>
First name:       Last Name:       LE Only: When completed, please forward a copy of this report to         Phone:       Washington State Parks - Boating Programs
ACCIDENT SUMMARY
WHEN ACCIDENT DESCRIPTION
DATE: (MM/DD/YYYY) 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 DAMAGE TO YOUR BOAT
# of people on board (including operator): Briefly summarize any damage to your boat:
# people being towed (for example, on tubes, skis):
<pre>#people wearing lifejackets (on board or towed):</pre>
OTHER BOATS INVOLVED IN ACCIDENT     DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)
# of other boats involved: Briefly summarize any damage to your other property (not boat):

YOUR BOAT				
BOAT IDENTIFICATION				
Boat Name:		Manufacturer:		
Model Name:	Mc	odel Year:		
Registration #:	Do	ocumentation #:		
Hull Identification # (HIN):	Re	ented: 🗌 Yes [	] No	
SIZE ESTIMATES				
Length: It. In. point):	point): ft. in.			
Type of hull material (select one):		Vinyl / Canvas		
	_	Villy17 Callvas	Other (describe):	
Aluminum Steel	Plastic			
Boat type (select one):			Available propulsion (select all that apply):	
	Canoe 🗌 Persona	al Watercraft (PWC)	Propeller Air thrust	
		, Wave Runner)	Sail Other (describe):	
	Sail (only) 🗌 Air Boat		Manual	
	Other (describe):		Water Jet	
# of engines: Engine type and horsepower (select one): Fuel Type (select all that apply):				
	ard Sterndrive (I/	(O) Inboard [	None Gasoline Electric Diesel	
Manufacturer: Total hor	sepower: hp			
SAFETY MEASURES				
Organizations that have conducted a vessel equipment, such as, life jackets, anchor and			nin the past year (including carriage of safety	
US Coast Guard Auxiliary: VSC Decal?	Yes No	- ederal Agency (Nam	ne):	
US Power Squadrons: VSC Decal?	Yes No	State Agency (Name)	:	
		Other Agency (Name)	):	
# of Lifejackets: # of Fire E	xtinguishers on board:	Type of F	ire Extinguishers (such as, "A", "B", "C"):	
# of Fire e	xtinguishers used:	Amount o	of fire extinguisher used:	
ACCIDENT DETAILS – EXTERNAL CONDITIONS				
WEATHER				
	· · · _	bility was (select on		
Clear Raining Da	ay 🗌 C	Good	0 mph (none)	
Cloudy Snowing Ni	Night 🗌 Fair		Over 0, up to 12 mph (light)	
🗌 Foggy 🔤 Hazy	🗌 F	Over 12, up to 25 mph (moderate)		
Other (describe): Appro	Approximate air temperature: ° F		Over 25, up to 55 mph (strong)	
			Over 55 mph (stormy)	
WATER				
Overall water conditions (select one): Other water conditions:				
Up to 6in. waves (calm) Over 2ft. up to 6ft. waves (choppy) Approximate water temperature: ° F				
Over 6in. up to 2ft. waves (rough)       Over 6ft. waves (very rough)       Strong Current       Yes			Yes No	
Hazardous Waters (such as, rapid tidal flow, currents)			(such as, rapid tidal flow, currents) Yes No	
		Congested waters	Yes No	

ACCIDENT DETAILS	- ACTIVITIES AND OPERATIO	NS ON <i>YOUR</i> BOAT		
<b>OPERATOR / PASSEI</b>	NGER ACTIVITIES			
	ctivities on <i>your</i> boat at the time o			
Activities were (select o		tivities (select all that apply):		
Recreational	Fishing Tub	bing Starting Engine Other (describe):		
	Hunting Wa	iter Skiing 🔲 Making Repairs		
	White water activity (i	.e. rafting, kayaking)		
	Relaxing			
BOAT OPERATIONS				
-	time of accident (select all that a			
Cruising (underway u	nder power) 🗌 Drifting	Racing     Towing another vessel		
Changing direction	At anchor	Rowing / paddling		
Changing speed	Being towed	Tied to dock / mooring Docking / undocking		
Sailing	Other (list):			
	- CONTRIBUTING FACTORS C	ON YOUR BOAT		
CONTRIBUTING FAC				
		d to this accident (select all that apply):		
	Operator inattention	Hazardous waters Restricted vision (such as: fog, rain, sun)		
Drug use	Operator Inexperience	Heavy weather Missing / inadequate aids to navigation		
Excessive speed	Language barrier	Hull failure (such as: buoy, day marker)		
Improper anchoring	Navigation rules violation	☐ Ignition of fuel / vapor ☐ Inadequate on-board navigation lights		
Improper loading	Failure to vent	Starting in gear People on gunwale, bow, or transom		
Overloading	Dam / lock	Sharp turn		
Improper lookout	Force of wake / wave			
Other (list):				
ACCIDENT DETAILS				
MACHINERY / EQUIP		at contributed to this accident (calact all that apply).		
Engine		at contributed to this accident (select all that apply): ering Radio Fire Extinguisher		
Electrical system		rottle Auxiliary Equipment Ventilation		
Fuel System	Seats Shi			
Onboard navigation aids (for example, GPS, Loran)     Other (list):  ACCIDENT DETAILS – EVENTS ON YOUR BOAT				
ACCIDENT DETAILS - EVENTS ON TOOR BOAT				
	ng to/on your boat during accider	nt (select all that apply):		
Collision with recreation	• • •	Flooding/swamping  Person fell overboard		
Collision with commer	cial boat (such as: tug, barge)	Fire / explosion – fuel Person fell on / within boat		
Collision with fixed object (such as, dock, bridge)				
Collision with submerged object (such as: stump, cable)				
Collision with floating object (such as: log, buoy)				
Capsizing		wake boarder, etc. propulsion unit		
		Person left boat voluntarily     Person electrocuted		
Sinking		Person ejected from boat (caused by collision or maneuver)		
Other (describe):				

ACCIDENT DETAILS - YOUR BOAT- INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID						
Report only injured people on, struck by, or beir	ng towed by	<i>your</i> bo	at, receiving or in need of treatm	ent beyond first aid.		
Do not report injured people on, struck by, or be	eing towed b	y anoth	<i>er boat</i> or <i>no boat</i> (i.e., swimmer	s, people on a dock)		
If more than one injured person to report, attach	n additional o	copies c	of this page. If none, SKIP INJUF	RED PEOPLE sectio	n.	
INJURED PERSON						
Last Name	First Name	Э		Middle Initial	Age	
Street Address	Street Address					
City	State		Zip Code	Phone Number		
INJURY DETAILS	I					
Injury caused when person (select all that apply):       Nature of most serious injury (select one):         Struck the:       (such as: boat, water)       Scrape / Bruise       Dislocation         Was struck by a:       (such as: boat, propeller)       Cut       Internal organ injury         Was exposed to carbon monoxide poisoning       Sprain / Strain       Amputation         Received an electric shock       Concussion / Brain Injury       Burn         Other (describe):       Spinal Cord Injury       Other (describe):         Person was wearing a lifejacket?       Yes       No         Person received treatment beyond first aid?       Yes       No         ACCIDENT DETAILS - YOUR BOAT - DEATHS / DISAPPEARANCES       Dislocation       Body part of most serious injury (for example, head, hip, knee):         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.					ribe):	
PERSON WHO DIED/DISAPPEARED         Last Name       First Name       Middle Initial       Age				Age		
	The runne					
Street Address						
City	State Zip Co		Zip Code	Phone Number		
DETAILS OF DEATH / DISAPPEARANCE						
Injury caused when person (select all that apply): Nature of death / disappearance (select one):						
Struck the: (i.e., boat, w	Struck the:     (i.e., boat, water)         Drowning					
Was struck by a: (i.e., boat, p	Was struck by a:       (i.e., boat, propeller)       Other likely cause (describe):					
Was exposed to carbon monoxide poisoning       Disappeared and not yet recovered						
Received an electric shock						
Other (describe): Person was wearing lifejacket? Yes No						

ACCIDENT DETAILS – YOUR BOAT OPERATOR				
OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES		
None State course		On board, prior to accident, was operator wearing: A lifejacket?		
USCG Auxiliary course		An engine cut-off switch (Lanyard o	or wireless device) if equipped?	
US Power Squadron	_	Yes No		
<ul> <li>Internet (name of sponsoring organization):</li> <li>Other (describe):</li> </ul>		On board, prior to accident, was operator using: Alcohol? Yes No Unknown Drugs? Yes No Unknown		
WA STATE MANDATORY BOATER EDUCATION CARD?				
Did operator of <i>your</i> boat have state mandatory education card?				
		Operator arrested for Boating Ur	ider the Influence?	
Card issued by different state State				
OPERATOR EXPERIENCE				
		Weather reports consulted prior to accident?		
Over 10, up to 100 hours Over 500 hours				
			· · · ·	
Only report other key people not already docum If more than two other key people to report, atta	-		er of <i>your</i> boat.	
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				
Last Name	First Name Middle Initial		Middle Initial	
Street Address				
City	State	Zip Code	Phone Number	
Other boat name (if any)		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				
Last Name	First Name		Middle Initial	
Street Address				
City	State	Zip Code	Phone Number	
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		L		
Date of Birth (MM / DD / YYYY)	Age	Gender:	E Female	
YOUR BOAT OWNER				
(If same as your boat operator SKIP res NAME / ADDRESS / PHONE	t of YOUR BOAT	OWNER sectio	n.)	
	First Name			Middle Initial
Last Name	First Name			Middle Initial
Street Address				
City	State	Zip Code		Phone Number
PERSON SUBMITTING THIS REPORT				
(If same as your operator OR owner, SKIP re		BMITTING THIS F	EPORT section	
Last Name	First Name Middle Initial			Middle Initial
Street Address				
City	State	Zip Code		Phone Number
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				
SIGNATURE: DATE:				
STATE PARKS USE ONLY PRIMARY CAUSE OF ACCIDENT:				