

Reporting a Boating Accident

As the operator of a vessel, you are required by law to file a formal, written report of your boating accident with the Department of Game and Inland Fisheries under certain circumstances.

When a Report is Required

A formal, written report must be filed with Virginia Department of Game and Inland Fisheries when there is:

- damage over \$2000 by or to the vessel or its equipment;
- injury (requiring medical help beyond first aid) or loss of life; and/or
- disappearance of any person on board a vessel.

Failure to report boating accidents as specified above shall be punishable as a Class 4 Misdemeanor. When a person dies or disappears as a result of an occurrence that involves a vessel or its equipment, the operator is required by law to notify the Department of Game and Inland Fisheries in Richmond, Virginia, or the most immediately available Department Conservation Police Officer without delay and by the quickest means possible.

Time Frame for Reporting

Reports must be filed within the following time frames from the boating accident:

- 48 hours if there is loss of life within 24 hours of the accident;
- 48 hours if a person involved is injured and cannot perform usual activities;
- 48 hours if a person disappears;
- 10 days if an earlier report is not required but becomes necessary; and/or
- 10 days if the boat or property damage is in excess of \$2000 or total boat loss.

How to Report an Accident

You may submit the completed forms in person or send them to:

*Law Enforcement Division — Boating Accident
Virginia Department of Game and Inland Fisheries
P.O. Box 11104
Richmond, Virginia 23230-1104*

The boat operator or owner usually completes the form unless she/he is physically unable to do so.

Call the Law Enforcement Division at the Department of Game and Inland Fisheries if you have difficulty completing an accident report form (Central Office in Richmond, 804-367-1000).

To report an accident that has just occurred, please contact the Department of Game and Inland Fisheries Dispatch Section at (804) 367-1258. A Conservation Police Officer will be dispatched to the scene to investigate the accident.

Why Report an Accident

Reporting boating accidents is required by law in the specific situations mentioned (see "When a Report is Required"). The information you submit is used to determine safer boating practices which are then shared with the boating public, boat manufacturers and equipment manufacturers. The details you provide may prevent another boater from having a similar accident. Thank you for your cooperation with the law and in helping others.

Duty to Stop and Render Assistance

It is the duty of every operator involved in a collision to stop and offer assistance. Operators involved in a collision who knowingly fail to comply with this law when the collision or accident results in serious bodily injury to, or the death of, any person, shall be guilty of a Class 6 Felony. When the collision or accident results in only property damage, the operator who does not comply with this law shall be guilty of a Class 1 Misdemeanor. Damage of less than \$50 to an unattended vessel is punishable by a maximum \$50 fine.

If more than 3 fatalities and/or injuries, attach additional form(s).					
DECEASED					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
INJURED					
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
ACCIDENT DESCRIPTION					
DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)					
VESSEL NO. 2 (if more than 2 vessels, attach additional form(s)).					
Name of Operator		Address		Boat Number	
Telephone Number				Boat Name	
Name of Owner		Address			
WITNESSES					
Name		Address		Telephone Number	
Name		Address		Telephone Number	
Name		Address		Telephone Number	
PERSON COMPLETING REPORT					
SIGNATURE		Address		Telephone Number	
Qualification(Check One) [] Operator [] Owner [] Investigator [] Other				Date Submitted	
(do not use) – FOR REPORTING AUTHORITY REVIEW (use agency date stamp)					
Causes based on (check one) [] This Report [] Investigation and this report [] Investigation [] Could not be determined		Name of Reviewing Office		Date Received	
Primary Cause of Accident		Secondary Cause of Accident		Reviewed By	