

# 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:

*Boating Accident – Recreational Safety  
Virginia Department of Game and Inland Fisheries  
P.O. Box 90778  
Henrico, Virginia 23228*

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) 367-5415. 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.



VIRGINIA DEPARTMENT OF GAME & INLAND FISHERIES  
P. O. BOX 90778, HENRICO, VA 23228

Year:  
Control No.:

BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$2000 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 10 days. Reports must be submitted in person or by mail to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR	AGE OF OPERATOR	OPERATOR'S EXPERIENCE	
	DATE OF BIRTH	This type of boat [ ] Under 20 Hours [ ] 20-100 Hours [ ] 100-500 Hours [ ] Over 500 Hours	Other Boat Operating Exp. [ ] Under 20 Hours [ ] 20-100 Hours [ ] 100-500 Hours [ ] Over 500 Hours

OPERATOR TELEPHONE NUMBER	OWNER TELEPHONE NUMBER
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NAME AND ADDRESS OF OWNER	RENTED BOAT?	NUMBER OF PERSONS ON BOARD	FORMAL INSTRUCTION IN BOATING SAFETY
	[ ] YES [ ] NO		[ ] None [ ] State [ ] U.S. Power Squadrons [ ] USCG Auxiliar [ ] American Red Cross [ ] Other (Specify)

VESEL NO. 1 (this vessel)

BOAT REGISTR. NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL ID NO.
TYPE OF BOAT [ ] Open Motorboat [ ] Cabin Motorboat [ ] Auxiliary Sail [ ] Sail (only) [ ] Rowboat [ ] Canoe [ ] Other (Specify)	HULL MATERIAL [ ] Wood [ ] Aluminum [ ] Steel [ ] Fiberglass [ ] Rubber/Vinyl [ ] Other (Specify)	ENGINE [ ] Outboard [ ] Inboard gasoline [ ] Inboard diesel [ ] Inboard-outdrive [ ] Jet [ ] Other (Specify)	PROPULSION No. of engines: Horsepower (total): Type of fuel:	CONSTRUCTION Length: Year built (boat):
Has boat had a Safety Examination? [ ] YES [ ] NO For Current Year? [ ] YES [ ] NO Year: Indicate whether: [ ] USCG Auxiliary Courtesy Marine Exam. [ ] State/local examination [ ] Other				

ACCIDENT DATA

DATE OF ACCIDENT	TIME am Pm	NAME OF BODY OF WATER	LOCATION (Give location precisely) Lat: Long:
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STATE	NEAREST CITY OR TOWN	COUNTY
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WEATHER [ ] Clear [ ] Rain [ ] Cloudy [ ] Snow [ ] Fog [ ] Hazy	WATER CONDITIONS [ ] Calm (waves less than 6") [ ] Choppy (waves 6"-2') [ ] Rough (waves 2'-6') [ ] Very Rough (greater than 6') [ ] Strong Current	TEMPERATURE (Estimate) Air: °F Water: °F	WIND [ ] None [ ] Light (0-6mph) [ ] Moderate (7-14mph) [ ] Strong (15-25mph) [ ] Storm (Over 25mph)	VISIBILITY Day Night [ ] Good [ ] [ ] Fair [ ] [ ] Poor [ ]
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OPERATION AT TIME OF ACCIDENT (Check all applicable) [ ] Commercial Activity [ ] Cruising [ ] Maneuvering [ ] Approaching Dock [ ] Leaving Dock [ ] Water Skiing [ ] Towing [ ] Skin Diving/Swimming [ ] Other (Specify)	[ ] Drifting [ ] At Anchor [ ] Tied to Dock [ ] Fueling [ ] Fishing [ ] Hunting [ ] Racing [ ] Being Towed	TYPE OF ACCIDENT [ ] Grounding [ ] Capsizing [ ] Flooding [ ] Sinking [ ] Falls in Boat [ ] Fallen skier [ ] Fire or Explosion (fuel) [ ] Fire or Explosion (other than fuel) [ ] Collision with vessel [ ] Collision with fixed object [ ] Collision with floating object [ ] Falls Overboard [ ] Hit by Boat or Propeller [ ] Other (Specify)	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) [ ] Weather [ ] Alcohol use [ ] Excessive speed [ ] Drug use [ ] No Proper Lookout [ ] Fault of Hull [ ] Restricted Vision [ ] Fault of Machinery [ ] Overloading [ ] Fault of Equipment [ ] Improper Loading [ ] Operator Inexperience [ ] Hazardous Waters [ ] Operator Inattention [ ] Other (Specify)
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PERSONAL FLOATATION DEVICES (PFD'S)	PROPERTY DAMAGE	FIRE EXTINGUISHERS
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Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? [ ] YES [ ] NO Were they accessible? [ ] YES [ ] NO Were they serviceable? [ ] YES [ ] NO Were they used by survivors? [ ] YES [ ] NO What Type? [ ] I, [ ] II, [ ] III, [ ] IV, [ ] V (specify) Were PFD's properly Used? [ ] YES [ ] NO Adjusted? [ ] YES [ ] NO Sized? [ ] YES [ ] NO Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form	Was the vessel carrying NON-approved flotation devices? [ ] YES [ ] NO Were they accessible? [ ] YES [ ] NO Were they used? [ ] YES [ ] NO If Yes, indicate kind	Estimated amount This Boat \$ Other Boat \$ Other Property \$ Were they used? (If yes, list Type(s) and number used.) [ ] YES [ ] NO Types: DESCRIBE PROPERTY DAMAGE NAME/ADDRESS - OWNER OF DAMAGED PROPERTY
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If more than 3 fatalities and/or injuries, attach additional form(s).					
<b>DECEASED</b>					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type?
<b>INJURED</b>					
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ACCIDENT DESCRIPTION</b>					
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.)					
<b>VESSEL NO. 2 (if more than 2 vessels, attach additional form(s)).</b>					
Name of Operator		Address		Boat Number	
Telephone Number				Boat Name	
Name of Owner		Address			
<b>WITNESSES</b>					
Name		Address		Telephone Number	
Name		Address		Telephone Number	
Name		Address		Telephone Number	
<b>PERSON COMPLETING REPORT</b>					
SIGNATURE		Address		Telephone Number	
Qualification(Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other				Date Submitted	
(do not use) – FOR REPORTING AUTHORITY REVIEW (use agency date stamp)					
Causes based on (check one) <input type="checkbox"/> This Report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		Name of Reviewing Office		Date Received	
Primary Cause of Accident		Secondary Cause of Accident		Reviewed By	