

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 \$2,000.00 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 Henrico, 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 \$2,000.00 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 Henrico, 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 <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> Over 500 Hours	Other Boat Operating Exp. <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> 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
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliar <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify)

VESEL NO. 1 (this vessel)

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

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 <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	WATER CONDITIONS <input type="checkbox"/> Calm(waves less than 6") <input type="checkbox"/> Choppy(waves 6"-2') <input type="checkbox"/> Rough(waves 2'-6') <input type="checkbox"/> Very Rough(greater than 6') <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air: °F Water: °F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light(0-6mph) <input type="checkbox"/> Moderate(7-14mph) <input type="checkbox"/> Strong(15-25mph) <input type="checkbox"/> Storm(Over 25mph)	VISIBILITY Day Night <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>
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OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Towing <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Racing <input type="checkbox"/> Being Towed	TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Fallen skier <input type="checkbox"/> Fire or Explosion(fuel) <input type="checkbox"/> Fire or Explosion (other than fuel) <input type="checkbox"/> Collision with vessel <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with floating object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Alcohol use <input type="checkbox"/> Excessive speed <input type="checkbox"/> Drug use <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Overloading <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Improper Loading <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Operator Inattention <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they serviceable? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they used by survivors? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type? <input type="checkbox"/> I, <input type="checkbox"/> II, <input type="checkbox"/> III, <input type="checkbox"/> IV, <input type="checkbox"/> V (specify) Were PFD's properly Used? <input type="checkbox"/> YES <input type="checkbox"/> NO Adjusted? <input type="checkbox"/> YES <input type="checkbox"/> NO Sized? <input type="checkbox"/> YES <input type="checkbox"/> NO Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form	Was the vessel carrying NON-approved flotation devices? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they used? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, indicate kind	Estimated amount This Boat \$ Other Boat \$ Other Property \$	Were they used? (If yes, list Type(s) and number used.) <input type="checkbox"/> YES <input type="checkbox"/> NO Types:
	DESCRIBE PROPERTY DAMAGE		NAME/ADDRESS - OWNER OF DAMAGED PROPERTY

If more than 3 fatalities and/or injuries, attach additional form(s).					
DECEASED					
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?
INJURED					
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	
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) <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	