STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIONMENTAL PROTECTION
BUREAU OF OUTDOOR RECREATION
BOATING DIVISION
P.O. BOX 280, 333 FERRY ROAD
OLD LYME, CT 06371-0280
W: 860-434-8638, F: 860-434-3501

PD Case No.

Department

REV 5/13

SUMMARY OF INVESTIGATION

DATE OF ACCIDENT	TIME	TOWN OF INCIDENT	BODY OF WATER

COUNTY	STATE	EXACT LOCATION
	CT	

NO. OF VESSELS	NO. OF DEATHS	NO. OF INJURIES	COORDINATES (Degrees, Minutes, Seconds)	COORDINATES (GPS Style: Degrees, Decimal Minutes)
			___ ° ___ ' ___ " N ___ ° ___ ' ___ " W	___ ° ___ . ___ ' N ___ ° ___ . ___ ' W

ALCOHOL USE	DRUG USE	CAUSES OF ACCIDENT	TOTAL DAMAGE
			$

INVESTIGATOR NOTIFIED BY	NOTIFYING DEPARTMENT / AGENCY	NOTIFIED DATE	TIME	TIME ON SCENE	DAY OF WEEK

ENFORCEMENT ACTION TAKEN

(For multiple charges for an individual, list most serious charge first.)

STATUS	STATUTE #	OFFENSE
NAME		
STATUS	STATUTE #	OFFENSE
NAME		
STATUS	STATUTE #	OFFENSE
NAME		

VESSELS INVOLVED IN ACCIDENT

(To record more than two vessels use 'Additional Vessel' page.)

VESSEL

OPERATOR INFORMATION

LAST NAME	FIRST NAME	IS OWNER?

ADDRESS

WORK ADDRESS

HOME PHONE	WORK PHONE

D.O.B.	AGE	SEX	SBC / CPWO #

BOATING EXPERIENCE (THIS BOAT)	BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION	OTHER

OTHER BOATING ACCIDENT(S)	DISABILITY	ON MEDICATION

HAS BEEN DRINKING ALCOHOL	UNDER THE INFLUENCE	BLOOD ALCOHOL CONTENT

DRUG INDICATOR	DRUG TYPE

WEARING PFD	USING SAFETY LANYARD

VESSEL

OPERATOR INFORMATION

LAST NAME	FIRST NAME	IS OWNER?

ADDRESS

WORK ADDRESS

HOME PHONE	WORK PHONE

D.O.B.	AGE	SEX	SBC / CPWO #

BOATING EXPERIENCE (THIS BOAT)	BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION	OTHER

OTHER BOATING ACCIDENT(S)	DISABILITY	ON MEDICATION

HAS BEEN DRINKING ALCOHOL	UNDER THE INFLUENCE	BLOOD ALCOHOL CONTENT

DRUG INDICATOR	DRUG TYPE

WEARING PFD	USING SAFETY LANYARD

CASE STATUS

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

VESSELS INVOLVED IN ACCIDENT (Continued...)

VESSEL

OWNER INFORMATION

LAST NAME | FIRST NAME

ADDRESS

WORK ADDRESS

HOME PHONE | WORK PHONE

RELATIONSHIP TO OPERATOR | RENTED BOAT

IF YES, LIST RENTER

VESSEL INFORMATION

REGISTRATION NO. | STATE | HULL IDENTIFICATION NO.

VESSEL MAKE | VESSEL MODEL | VESSEL NAME

VESSEL TYPE | OTHER

HULL MATERIAL | OTHER

YEAR VESSEL BUILT | LENGTH Ft. In. | BEAM (WIDTH) Ft. In. | DRAFT (DEPTH) Ft. In.

NO. ENGINES | ENGINE DRIVE TYPE | FUEL | PROPULSION

ENGINE MAKE | YEAR ENGINE BUILT | ENGINE H.P. H.P. | TOTAL H.P. H.P.

CAPACITY PLATE | INFO: MAX PERSONS | MAX PERS LBS Lbs. | MAX LBS Lbs. | MAX H.P. H.P.

INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL

WHERE RECOVERED

INSURANCE COMPANY | POLICY NUMBER

NO. LIFE JACKETS ON BOARD | USCG APPROVED | WERE THEY USED | WERE THEY ACCESSIBLE

VESSEL SAFETY CHECK WITHIN PAST YEAR | ORGANIZATION CONDUCTING V.S.C.

REQUIRED SAFETY EQUIPMENT ON BOARD? | NO. FIRE EXTINGUISHERS | NO. USED | TYPE

PASSENGER INFORMATION

For additional passengers on this vessel, use the table on page 7.

LAST NAME | FIRST NAME

ADDRESS | WEARING PFD

HOME PHONE | WORK PHONE | D.O.B.

VESSEL

OWNER INFORMATION

LAST NAME | FIRST NAME

ADDRESS

WORK ADDRESS

HOME PHONE | WORK PHONE

RELATIONSHIP TO OPERATOR | RENTED BOAT

IF YES, LIST RENTER

VESSEL INFORMATION

REGISTRATION NO. | STATE | HULL IDENTIFICATION NO.

VESSEL MAKE | VESSEL MODEL | VESSEL NAME

VESSEL TYPE | OTHER

HULL MATERIAL | OTHER

YEAR VESSEL BUILT | LENGTH Ft. In. | BEAM (WIDTH) Ft. In. | DRAFT (DEPTH) Ft. In.

NO. ENGINES | ENGINE DRIVE TYPE | FUEL | PROPULSION

ENGINE MAKE | YEAR ENGINE BUILT | ENGINE H.P. H.P. | TOTAL H.P. H.P.

CAPACITY PLATE | INFO: MAX PERSONS | MAX PERS LBS Lbs. | MAX LBS Lbs. | MAX H.P. H.P.

INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL

WHERE RECOVERED

INSURANCE COMPANY | POLICY NUMBER

NO. LIFE JACKETS ON BOARD | USCG APPROVED | WERE THEY USED | WERE THEY ACCESSIBLE

VESSEL SAFETY CHECK WITHIN PAST YEAR | ORGANIZATION CONDUCTING V.S.C.

REQUIRED SAFETY EQUIPMENT ON BOARD? | NO. FIRE EXTINGUISHERS | NO. USED | TYPE

PASSENGER INFORMATION

For additional passengers on this vessel, use the table on page 7.

LAST NAME | FIRST NAME

ADDRESS | WEARING PFD

HOME PHONE | WORK PHONE | D.O.B.

INVESTIGATOR'S SIGNATURE | BADGE NO. | DATE

SUPERVISOR'S SIGNATURE | BADGE NO. | DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

ACCIDENT DETAILS

ENVIRONMENTAL CONDITIONS

WEATHER	WATER CONDITIONS	STRONG CURRENT	CONGESTED WATERS	HAZARDOUS WATERS (e.g. Rapid Tidal Flows, Currents, etc.)

WIND	VISIBILITY	TIME OF DAY	WEATHER ENCOUNTERED	AIR TEMPERATURE (EST)	WATER TEMPERATURE (EST)
				°F	°F

TYPE OF ACCIDENT

NUMBER IN ORDER OF OCCURANCE (1,2,3)

- ☐ Sinking
- ☐ Grounding
- ☐ Capsizing
- ☐ FloodingSwamping
- ☐ Sudden Medical Condition
- ☐ Skier/Tuber Mishap
- ☐ Fall in/on Boat
- ☐ Fall Overboard
- ☐ Person Ejected From Vessel
- ☐ Fire / Explosion (Fuel)
- ☐ Fire / Explosion (Other)
- ☐ Electrocution
- ☐ Carbon Monoxide Exposure
- ☐ Other (specify) _____
- ☐ Person Struck by Boat
- ☐ Struck by Propeller
- ☐ Person Leaves a Vessel
- ☐ UNKNOWN
- ☐ Collision w/ Vessel
- ☐ Collision w/ Fixed Object
- ☐ Collision w/ Floating Object
- ☐ Struck Submerged Object

CAUSE(S) OF ACCIDENT - Investigator's Opinion

NUMBER IN ORDER OF PRIORITY (1,2,3)

- ☐ Alcohol Use
- ☐ Drug Use
- ☐ Dam / Lock
- ☐ Heavy Weather
- ☐ Hull Failure
- ☐ Force of Wake/Wave
- ☐ Hazardous Waters
- ☐ Excessive Speed
- ☐ Starting in Gear
- ☐ Language Barrier
- ☐ Sharp Turn
- ☐ Failure to Vent
- ☐ Improper Anchoring
- ☐ Inadeq. On-baord Nav. Lights
- ☐ Missing/inadeq. Aids to Nav.
- ☐ Other (specify) _____
- ☐ Operator Inattention
- ☐ Operator Inexperience
- ☐ Improper Lookout
- ☐ Restricted Vision
- ☐ Unknown
- ☐ Overloading
- ☐ Improper Loading
- ☐ Navigation Rule Violation
- ☐ Standing / Sitting on Bow, Transom or Gunwale
- ☐ Ignition of Fuel or Vapor

☐ Machinery Failure *(please specify below)* ☐ Equipment Failure *(please specify below)*

- ☐ Engine
- ☐ Electrical Equipment
- ☐ Fuel System
- ☐ Steering
- ☐ Throttle
- ☐ Shift
- ☐ Visual Distress Signal
- ☐ Ventilation
- ☐ Sail/Mast
- ☐ Seats
- ☐ Sound Producing Equipment
- ☐ Radio
- ☐ Nav. Equipment (GPS, Radar)
- ☐ Other_____
- ☐ Onboard Lights
- ☐ Fire Extinguisher
- ☐ Auxiliary Equipment

VESSEL

VESSEL ACTIVITY AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Fueling
- ☐ Fishing
- ☐ Tournament
- ☐ Hunting
- ☐ Racing
- ☐ Making Repairs
- ☐ Starting Engine
- ☐ Relaxing
- ☐ Commercial
- ☐ Other: _____
- ☐ Whitewater Activity
- ☐ Waterskiing / Tubing
- ☐ Swimming / Diving
- ☐ Scuba Diving / Snorkeling

VESSEL OPERATION AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Cruising
- ☐ Rowing / Paddling
- ☐ Sailing
- ☐ Docked / Moored
- ☐ Changing Speed
- ☐ Changing Direction
- ☐ Drifting
- ☐ At Anchor
- ☐ Launching
- ☐ Other: _____
- ☐ Towing another Vessel
- ☐ Being Towed
- ☐ Docking/Undocking
- ☐ Commercial

VESSEL SPEED AT TIME OF ACCIDENT

ESTIMATED SPEED AT TIME OF ACCIDENT AND / OR ATTITUDE AT TIME OF ACCIDENT

VESSEL

VESSEL ACTIVITY AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Fueling
- ☐ Fishing
- ☐ Tournament
- ☐ Hunting
- ☐ Racing
- ☐ Making Repairs
- ☐ Starting Engine
- ☐ Relaxing
- ☐ Commercial
- ☐ Other: _____
- ☐ Whitewater Activity
- ☐ Waterskiing / Tubing
- ☐ Swimming / Diving
- ☐ Scuba Diving / Snorkeling

VESSEL OPERATION AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Cruising
- ☐ Rowing / Paddling
- ☐ Sailing
- ☐ Docked / Moored
- ☐ Changing Speed
- ☐ Changing Direction
- ☐ Drifting
- ☐ At Anchor
- ☐ Launching
- ☐ Other: _____
- ☐ Towing Another Vessel
- ☐ Being Towed
- ☐ Docking/Undocking
- ☐ Commercial

VESSEL SPEED AT TIME OF ACCIDENT

ESTIMATED SPEED AT TIME OF ACCIDENT AND / OR ATTITUDE AT TIME OF ACCIDENT

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

INJURED - MISSING - DECEASED

TO RECORD ADDITIONAL VICTIMS USE THE 'ADDITIONAL INJURED - MISSING - DECEASED' PAGE.

VICTIM 1					VICTIM 2				
VICTIM LAST NAME	VICTIM FIRST NAME				VICTIM LAST NAME	VICTIM FIRST NAME			
ADDRESS					ADDRESS				
WORK ADDRESS					WORK ADDRESS				
HOME PHONE	WORK PHONE				HOME PHONE	WORK PHONE			
D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL
RECEIVED TREATMENT BEYOND FIRST AID	HOSPITALIZED				RECEIVED TREATMENT BEYOND FIRST AID	HOSPITALIZED			
NATURE OF PRIMARY INJURY	NATURE OF SECONDARY INJURY				NATURE OF PRIMARY INJURY	NATURE OF SECONDARY INJURY			
BODY PART OF MOST SERIOUS INJURY	CAUSE OF INJURY				BODY PART OF MOST SERIOUS INJURY	CAUSE OF INJURY			
CAUSE OF DEATH	OTHER				CAUSE OF DEATH	OTHER			
VICTIM TAKEN TO (e.g. Hospital Name)	BY (e.g. Name of Ambulance, Med Examiner, etc.)				VICTIM TAKEN TO (e.g. Hospital Name)	BY (e.g. Name of Ambulance, Med Examiner, etc.)			
PHYSICIAN	VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)				PHYSICIAN	VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)			
ALCOHOL / DRUG USE	UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING		ALCOHOL / DRUG USE	UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING	
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	

VICTIM COMMENT / STATEMENT

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

DAMAGE CAUSED BY ACCIDENT

VESSEL #			VESSEL #		
DAMAGE TO VESSEL			***DAMAGE TO VESSEL***		
TOTAL DAMAGE AMOUNT $	WAS VESSEL TOTAL LOSS?	PHOTOS TAKEN	TOTAL DAMAGE AMOUNT $	WAS VESSEL TOTAL LOSS?	PHOTOS TAKEN
EQUIPMENT DAMAGE $	MACHINERY DAMAGE $	HULL DAMAGE $	EQUIPMENT DAMAGE $	MACHINERY DAMAGE $	HULL DAMAGE $
DESCRIBE DAMAGE TO VESSEL			DESCRIBE DAMAGE TO VESSEL		

DAMAGE TO OTHER PROPERTY (NON VESSEL)

DAMAGE AMOUNT	OWNER OF PROPERTY	ADDRESS	PHONE NUMBER
$			
DESCRIPTION OF DAMAGE			

DAMAGE AMOUNT	OWNER OF PROPERTY	ADDRESS	PHONE NUMBER
$			
DESCRIPTION OF DAMAGE			

WITNESSES

REFER TO REPORT NARRATIVE FOR STATEMENTS AND INFORMATION PROVIDED BY WITNESSES

WITNESS 1		***WITNESS 2***	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS		ADDRESS	
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
INVOLVMENT		INVOLVMENT	

WITNESS 3		***WITNESS 4***	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS		ADDRESS	
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
INVOLVMENT		INVOLVMENT	

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

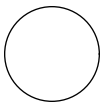
DIAGRAM OF ACCIDENT

THIS PAGE WILL HAVE TO BE FILLED OUT BY HAND AFTER PRINTING THE DOCUMENT

Indicate the location of each person on board each vessel involved.

Vessel 1 Vessel 2 Vessel 3 Vessel 4

Diagram (For collisions show direction of travel for each vessel involved before, at and after impact.)



Indicate North
By Arrow

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

LAW ENFORCEMENT / EMERGENCY PERSONNEL FROM OTHER AGENCIES INVOLVED

RANK / NAME	I.D.	DATE	AGENCY

ADDITIONAL PASSENGERS

(Continued from page 2 if necessary.)

VESSEL #	LAST NAME	FIRST NAME	PFD?	D.O.B.	STREET	TOWN / CITY	STATE	PHONE NUMBER

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

ACCIDENT NARRATIVE

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

ADDITIONAL PAGES

If your investigation requires any additional page(s), please select from the following and add to your report:

- Additional Narrative (2 extra pages)
- Additional Injury - Missing - Deceased (1 extra page)
- Additional Vessel (2 extra pages)

*Page numbers in this section are left blank.
*Any un-used pages should be discarded after printing.

Note: If your report still requires additional pages (i.e. a fourth narrative page) you will need to open a new, blank document and use the blank *additional pages* in that document. Remember to save this document as well. Print and add to your report.

ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

PD Case No.

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

ADDITIONAL INJURED - MISSING - DECEASED

(Continued from page 4.)

VICTIM 3

VICTIM LAST NAME | VICTIM FIRST NAME

ADDRESS

HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | STATUS | ONBOARD VESSEL

RECEIVED TREATMENT BEYOND FIRST AID | HOSPITALIZED

NATURE OF PRIMARY INJURY | NATURE OF SECONDARY INJURY

BODY PART OF MOST SERIOUS INJURY | CAUSE OF INJURY

CAUSE OF DEATH | OTHER

VICTIM TAKEN TO (e.g. Hospital Name) | BY (e.g. Name of Ambulance, Med Examiner, etc.)

PHYSICIAN | VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)

ALCOHOL / DRUG USE | UNDER THE INFLUENCE | B.A.C. | VICTIM SWIMMING

WAS PFD WORN | TYPE OF PFD | PFD PERFORMANCE | PFD COMMENTS

VICTIM 4

VICTIM LAST NAME | VICTIM FIRST NAME

ADDRESS

HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | STATUS | ONBOARD VESSEL

RECEIVED TREATMENT BEYOND FIRST AID | HOSPITALIZED

NATURE OF PRIMARY INJURY | NATURE OF SECONDARY INJURY

BODY PART OF MOST SERIOUS INJURY | CAUSE OF INJURY

CAUSE OF DEATH | OTHER

VICTIM TAKEN TO (e.g. Hospital Name) | BY (e.g. Name of Ambulance, Med Examiner, etc.)

PHYSICIAN | VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)

ALCOHOL / DRUG USE | UNDER THE INFLUENCE | B.A.C. | VICTIM SWIMMING

WAS PFD WORN | TYPE OF PFD | PFD PERFORMANCE | PFD COMMENTS

VICTIM 5

VICTIM LAST NAME | VICTIM FIRST NAME

ADDRESS

HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | STATUS | ONBOARD VESSEL

RECEIVED TREATMENT BEYOND FIRST AID | HOSPITALIZED

NATURE OF PRIMARY INJURY | NATURE OF SECONDARY INJURY

BODY PART OF MOST SERIOUS INJURY | CAUSE OF INJURY

CAUSE OF DEATH | OTHER

VICTIM TAKEN TO (e.g. Hospital Name) | BY (e.g. Name of Ambulance, Med Examiner, etc.)

PHYSICIAN | VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)

ALCOHOL / DRUG USE | UNDER THE INFLUENCE | B.A.C. | VICTIM SWIMMING

WAS PFD WORN | TYPE OF PFD | PFD PERFORMANCE | PFD COMMENTS

VICTIM 6

VICTIM LAST NAME | VICTIM FIRST NAME

ADDRESS

HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | STATUS | ONBOARD VESSEL

RECEIVED TREATMENT BEYOND FIRST AID | HOSPITALIZED

NATURE OF PRIMARY INJURY | NATURE OF SECONDARY INJURY

BODY PART OF MOST SERIOUS INJURY | CAUSE OF INJURY

CAUSE OF DEATH | OTHER

VICTIM TAKEN TO (e.g. Hospital Name) | BY (e.g. Name of Ambulance, Med Examiner, etc.)

PHYSICIAN | VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)

ALCOHOL / DRUG USE | UNDER THE INFLUENCE | B.A.C. | VICTIM SWIMMING

WAS PFD WORN | TYPE OF PFD | PFD PERFORMANCE | PFD COMMENTS

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

PD Case No.

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

ADDITIONAL VESSEL(S) (Continued from page 2)

VESSEL #

OPERATOR INFORMATION

LAST NAME | FIRST NAME | ADDRESS | IS OWNER?

WORK ADDRESS | HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | SBC / CPWO # | BOATING EXPERIENCE (THIS BOAT) | BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION | OTHER | OTHER BOATING ACCIDENT(S) | DISABILITY | ON MEDICATION

HAS BEEN DRINKING ALCOHOL | UNDER THE INFLUENCE | BLOOD ALCOHOL CONTENT (B.A.C.) | DRUG INDICATOR | DRUG TYPE

WEARING PFD | USING SAFETY LANYARD

OWNER INFORMATION

LAST NAME | FIRST NAME | ADDRESS

WORK ADDRESS | HOME PHONE | WORK PHONE

RELATIONSHIP TO OPERATOR | RENTED BOAT | IF YES, LIST RENTER

VESSEL INFORMATION

REGISTRATION NO. | STATE | HULL IDENTIFICATION NO. | VESSEL MAKE | VESSEL MODEL

VESSEL NAME | VESSEL TYPE | OTHER | HULL MATERIAL | OTHER

YEAR VESSEL BUILT | LENGTH Ft. In. | BEAM (WIDTH) Ft. In. | DRAFT (DEPTH) Ft. In. | CAPACITY PLATE | INFO: MAX PERSONS | MAX PERS LBS Lbs. | MAX LBS Lbs. | MAX H.P. H.P.

NO ENGINES | ENGINE TYPE | FUEL | PROPULSION | ENGINE MAKE | YEAR ENGINE BUILT | ENGINE H.P. H.P. | TOTAL H.P. H.P.

INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL | WHERE RECOVERED

INSURANCE COMPANY | POLICY NUMBER | NO. LIFE JACKETS ON BOARD | USCG APPROVED | WERE THEY USED | WERE THEY ACCESSIBLE

VESSEL SAFETY CHECK WITHIN PAST YEAR | ORGANIZATION CONDUCTING V.S.C. | REQUIRED SAFETY EQUIPMENT ON BOARD? | NO. FIRE EXTINGUISHERS | NO. USED | TYPE

VESSEL ACTIVITY AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Fueling
- ☐ Making Repairs
- ☐ Tournament
- ☐ Hunting
- ☐ Whitewater Sports
- ☐ Racing
- ☐ Other: _____
- ☐ Fishing
- ☐ Starting Engine
- ☐ Commercial
- ☐ Relaxing
- ☐ Scuba / Snorkeling
- ☐ Swimming / Diving
- ☐ Waterskiing / Tubing

VESSEL OPERATION AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Cruising
- ☐ Rowing / Paddling
- ☐ Drifting
- ☐ Changing Direction
- ☐ Towing
- ☐ Other: _____
- ☐ Sailing
- ☐ Docked / Moored
- ☐ At Anchor
- ☐ Changing Speed
- ☐ Being Towed
- ☐ Commercial
- ☐ Launching

VESSEL SPEED AT TIME OF ACCIDENT

ESTIMATED SPEED AT TIME OF ACCIDENT AND / OR ATTITUDE AT TIME OF ACCIDENT

List any passengers on this vessel on page 7.

DAMAGE TO VESSEL

TOTAL DAMAGE AMOUNT $ | MACHINERY DAMAGE $ | HULL DAMAGE $

EQUIPMENT DAMAGE $ | VESSEL TOTAL LOSS? | PHOTOS TAKEN

DESCRIBE DAMAGE TO VESSEL

INVESTIGATOR'S SIGNATURE | BADGE NO. | DATE | SUPERVISOR'S SIGNATURE | BADGE NO. | DATE

PD Case No.

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

ADDITIONAL VESSEL(S)

(Continued from page 2.)

VESSEL #

OPERATOR INFORMATION

LAST NAME | FIRST NAME | ADDRESS | IS OWNER?

WORK ADDRESS | HOME PHONE | WORK PHONE

D.O.B. | AGE | SEX | SBC / CPWO # | BOATING EXPERIENCE (THIS BOAT) | BOATING EXPERIENCE (OTHER BOATS)

BOATING EDUCATION | OTHER | OTHER BOATING ACCIDENT(S) | DISABILITY | ON MEDICATION

HAS BEEN DRINKING ALCOHOL | UNDER THE INFLUENCE | BLOOD ALCOHOL CONTENT | DRUG INDICATOR | DRUG TYPE

WEARING PFD | USING SAFETY LANYARD

OWNER INFORMATION

LAST NAME | FIRST NAME | ADDRESS

WORK ADDRESS | HOME PHONE | WORK PHONE

RELATIONSHIP TO OPERATOR | RENTED BOAT | IF YES, LIST RENTER

VESSEL INFORMATION

REGISTRATION NO. | STATE | HULL IDENTIFICATION NO. | VESSEL MAKE | VESSEL MODEL

VESSEL NAME | VESSEL TYPE | OTHER | HULL MATERIAL | OTHER

YEAR VESSEL BUILT | LENGTH Ft. In. | BEAM (WIDTH) Ft. In. | DRAFT (DEPTH) Ft. In. | CAPACITY PLATE | INFO: MAX PERSONS | MAX PERS LBS Lbs. | MAX LBS Lbs. | MAX H.P. H.P.

NO ENGINES | ENGINE TYPE | FUEL | PROPULSION | ENGINE MAKE | YEAR ENGINE BUILT | ENGINE H.P. H.P. | TOTAL H.P. H.P.

INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL | WHERE RECOVERED

INSURANCE COMPANY | POLICY NUMBER | NO. LIFE JACKETS ON BOARD | USCG APPROVED | WERE THEY USED | WERE THEY ACCESSIBLE

VESSEL SAFETY CHECK WITHIN PAST YEAR | ORGANIZATION CONDUCTING V.S.C. | REQUIRED SAFETY EQUIPMENT ON BOARD? | NO. FIRE EXTINGUISHERS | NO. USED | TYPE

VESSEL ACTIVITY AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Fueling
- ☐ Making Repairs
- ☐ Tournament
- ☐ Hunting
- ☐ Whitewater Activity
- ☐ Racing
- ☐ Other: _____
- ☐ Fishing
- ☐ Starting Engine
- ☐ Commercial
- ☐ Relaxing
- ☐ Scuba / Snorkeling
- ☐ Swimming / Diving
- ☐ Waterskiing / Tubing

VESSEL OPERATION AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

- ☐ Cruising
- ☐ Rowing / Paddling
- ☐ Drifting
- ☐ Changing Direction
- ☐ Towing
- ☐ Other: _____
- ☐ Sailing
- ☐ Docked / Moored
- ☐ At Anchor
- ☐ Changing Speed
- ☐ Being Towed
- ☐ Commercial
- ☐ Launching

VESSEL SPEED AT TIME OF ACCIDENT

ESTIMATED SPEED AT TIME OF ACCIDENT AND/OR ATTITUDE AT TIME OF ACCIDENT

List any passengers on this vessel on page 7.

DAMAGE TO VESSEL

TOTAL DAMAGE AMOUNT $ | MACHINERY DAMAGE $ | HULL DAMAGE $

EQUIPMENT DAMAGE $ | VESSEL TOTAL LOSS? | PHOTOS TAKEN

DESCRIBE DAMAGE TO VESSEL

INVESTIGATOR'S SIGNATURE | BADGE NO. | DATE | SUPERVISOR'S SIGNATURE | BADGE NO. | DATE