

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 Wildlife Resources under certain circumstances.

When a Report is Required

A formal, written report must be filed with Virginia Department of Wildlife Resources 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 Wildlife Resources 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 \$2000 or total boat loss.

How to Report an Accident

Boating Accident Report Forms can be obtained from this Web site, local law enforcement authorities, Department Conservation Police Officers, and all Department offices. You may submit the completed forms in person or send them to:

*Boating Accident - Boating Safety Section
Virginia Department of Wildlife Resources
P.O. Box 90778
Henrico, VA 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 Wildlife Resources 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 Wildlife Resources Dispatch Section at (804) 367-1000. 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 Boating Incident Report
Virginia Department of Wildlife Resources
7870 Villa Park Drive, Suite 400, PO Box 90778, Henrico, VA 23228

For Office Use:
Year: _____
Date Received: _____

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; * An injury which requires medical treatment beyond first aid; * Property damage in excess of \$2,000 or total loss of vessel.

Complete All Blocks (indicate those not applicable by "NA")

BOAT OWNER AND OPERATOR INFORMATION

OPERATOR NAME: _____		DATE OF BIRTH: _____			
OPERATOR ADDRESS: _____		OPERATOR'S EXPERIENCE		SAFETY INSTRUCTION	
		This Type of Boat:		Other Boating Experience:	
		<input type="checkbox"/> Under 20 Hours		<input type="checkbox"/> Under 20 Hours	
		<input type="checkbox"/> 20-100 Hours		<input type="checkbox"/> 20-100 Hours	
OPERATOR PHONE: _____		<input type="checkbox"/> 100 - 500 Hours		<input type="checkbox"/> 100 - 500 Hours	
		<input type="checkbox"/> Over 500 Hours		<input type="checkbox"/> Over 500 Hours	
				<input type="checkbox"/> State Classroom	
				<input type="checkbox"/> Internet	
				<input type="checkbox"/> USCG Aux	
				<input type="checkbox"/> USPS	
				<input type="checkbox"/> None	
				<input type="checkbox"/> Other (specify)	
OWNER NAME: _____		RENTED BOAT?		<input type="checkbox"/> Yes	
OWNER ADDRESS: _____				<input type="checkbox"/> No	

VESSEL INFORMATION - VESSEL #1 (THIS VESSEL)

REGISTRATION NUMBER: _____		MAKE: _____		MODEL: _____		YEAR: _____			
BOAT NAME _____		MFR HULL ID NO: _____							
BOAT LENGTH (FT) _____		DEPTH FROM TRANSOM TO KEEL _____							
BEAM OF BOAT (FT) _____		HORSEPOWER _____							
TYPE OF BOAT		HULL MATERIAL		PROPULSION		ENGINE DRIVE		FUEL	
<input type="checkbox"/> Air Boat	<input type="checkbox"/> Paddlecraft	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Air Thrust	<input type="checkbox"/> Inboard	<input type="checkbox"/> Electric				
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Manual	<input type="checkbox"/> Outboard	<input type="checkbox"/> Diesel				
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Plastic	<input type="checkbox"/> Propeller	<input type="checkbox"/> Pod Drive	<input type="checkbox"/> Gas				
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Rowboat	<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Sail	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Other				
<input type="checkbox"/> Inflatable Boat	<input type="checkbox"/> Sail Only	<input type="checkbox"/> Steel	<input type="checkbox"/> Water Jet	(inboard/outboard)					
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____					
		<input type="checkbox"/> Other _____							

ACCIDENT DATA

DATE OF ACCIDENT _____		TIME OF ACCIDENT _____		COUNTY: _____		STATE: _____	
BODY OF WATER _____		LOCATION Latitude _____		Longitude _____			
NEAREST CITY OR TOWN: _____		Est Air Temp: _____		Est. Water Temp: _____			
WEATHER FORECAST AVAILABLE TO AND WEATHER REPORTS USED BY OPERATOR BEFORE AND DURING USE (Yes/No): _____							
WEATHER:		WATER CONDITIONS:		VISIBILITY			
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Calm (waves less then 6")	Day		Night		
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow	<input type="checkbox"/> Choppy (waves 6" - 2')	<input type="checkbox"/> Good		<input type="checkbox"/>		
<input type="checkbox"/> Fog	<input type="checkbox"/> Hazy	<input type="checkbox"/> Rough (waves 2' - 6')	<input type="checkbox"/> Fair		<input type="checkbox"/>		
		<input type="checkbox"/> Very Rough (greater than 6')	<input type="checkbox"/> Poor		<input type="checkbox"/>		
		<input type="checkbox"/> Strong Current					
OPERATION AT TIME OF ACCIDENT		NUMBER OF PEOPLE ONBOARD VESSEL: _____		FIRE EXTINGUISHERS: _____			
<input type="checkbox"/> Cruising		NUMBER OF PEOPLE BEING TOWED (IF ANY): _____		Number Used: _____			
<input type="checkbox"/> Drifting		NUMBER OF WEARABLE LIFE JACKETS ONBOARD: _____					
<input type="checkbox"/> Fishing		NUMBER OF WEARABLE LIFE JACKETS WORN: _____		Type: _____			
<input type="checkbox"/> Hunting		NUMBER OF THROWABLE LIFE JACKETS ONBOARD: _____					
<input type="checkbox"/> Skiing/Towed Sports		NUMBER OF THROWABLE LIFE JACKETS USED: _____					
<input type="checkbox"/> Racing							
<input type="checkbox"/> Other _____							

ACCIDENT DESCRIPTION - INCLUDE ANY FAILURE OF EQUIPMENT THAT MAY HAVE CONTRIBUTED; INFORMATION ABOUT WHAT CAUSED THE ACCIDENT; INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND/OR DRUGS; ANY INFORMATION ABOUT THE USE OF LIFE JACKETS; DESCRIPTION OF PROPERTY AND VESSEL DAMAGE (attached additional sheets if necessary):

DESCRIPTION OF PROPERTY DAMAGE OR VESSEL DAMAGE:

VESSEL DAMAGE ESTIMATE AMOUNT:

PROPERTY DAMAGE ESTIMATE AMOUNT:

NAME AND ADDRESS OF EACH OWNER OF PROPERTY INVOLVED (USE ADDITIONAL SHEETS IF NECESSARY):

DECEASED (if more than 2, attached additional forms)

NAME:		WAS VICTIM	DEATH CAUSED BY:	WAS LIFE JACKET WORN:
ADDRESS:		<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	<input type="checkbox"/> Yes
		<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> No
DATE OF BIRTH:			<input type="checkbox"/> Disappearance	

NAME:		WAS VICTIM	DEATH CAUSED BY:	WAS LIFE JACKET WORN:
ADDRESS:		<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	<input type="checkbox"/> Yes
		<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> No
DATE OF BIRTH:			<input type="checkbox"/> Disappearance	

INJURED (if more than 2, attached additional forms)

NAME:		WAS VICTIM	NATURE AND EXTENT OF INJURY:	WAS LIFE JACKET WORN:
ADDRESS:		<input type="checkbox"/> Swimmer		<input type="checkbox"/> Yes
		<input type="checkbox"/> Non-Swimmer		<input type="checkbox"/> No
DATE OF BIRTH			Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME:		WAS VICTIM	NATURE AND EXTENT OF INJURY:	WAS LIFE JACKET WORN:
ADDRESS:		<input type="checkbox"/> Swimmer		<input type="checkbox"/> Yes
		<input type="checkbox"/> Non-Swimmer		<input type="checkbox"/> No
DATE OF BIRTH			Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	

VESSEL NO. 2 (if more than 2 vessels, attach additional forms)

NUMBER OF PEOPLE ONBOARD:

REGISTRATION NUMBER:

VESSEL NAME:

NUMBER OF PEOPLE TOWED:

OWNER NAME:

OWNER ADDRESS:

OPERATOR NAME:

OPERATOR ADDRESS:

WITNESSES

NAME:		ADDRESS:		PHONE:	
NAME:		ADDRESS:		PHONE:	

PERSON COMPLETING REPORT

NAME:		ADDRESS:		PHONE:	
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SIGNATURE: