

WASHINGTON BOATING ACCIDENT REPORT AND INVESTIGATION

OPERATOR/OWNER: Shall submit report to sheriff or police department that has authority where accident occurred. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases are required within 10 days. When the operator is incapacitated, the operator/owner or law enforcement agency shall file the boating accident report. The operator of a boat involved in an accident is required by law to file a report in writing when:

- A boating accident results in loss of life.
- Injury which requires medical treatment beyond first aid.
- Property damage is in excess of \$500, or there is a complete loss of a vessel.
- The disappearance of a person from a vessel under circumstances that indicate death or injury.

This report is confidential and will only be used by governmental agencies for statistical purposes as provided in RCW 79A.60.210.

OPERATOR/OWNER - Complete Pages 1, 2, 3. **LAW ENFORCEMENT** - See that pages 1-3 are completed. Page 4 is for your investigation.

PLEASE TYPE OR PRINT - Complete All Requested Information. Your Accuracy Will Help Make Our Waters Safer!

County, WA, City of _____		STATE PARKS USE ONLY	
LAW ENFORCEMENT AGENCY NAME AND MAILING ADDRESS		V _____ F _____ I _____ D \$ _____	
CASE NUMBER		COAST GUARD NUMBER	

INVESTIGATING OFFICER(S)

Officer Name: _____ Badge #: _____ Phone: () _____

ACCIDENT DATA

Date of Accident (Mo/Day/Yr): _____	Time of Accident (2400 hr): _____	County: _____
Date Reported (Mo/Day/Yr): _____	Time Call Received (2400 hr): _____	Body of Water (BOW): _____
Number of Boats: _____	Time Arrived at Scene (2400 hr): _____	
Precise Accident Location: _____		GPS Coordinates: _____
Nearest City or Town: _____	State: WA # Injuries: _____	Treatment Beyond First Aid Given: <input type="checkbox"/> Y <input type="checkbox"/> N # Fatalities: _____
Recreational: <input type="checkbox"/> Y <input type="checkbox"/> N	Reportable: <input type="checkbox"/> Y <input type="checkbox"/> N	Disappearance: <input type="checkbox"/> Y <input type="checkbox"/> N \$500 or more damage: <input type="checkbox"/> Y <input type="checkbox"/> N Alcohol Involved: <input type="checkbox"/> Y <input type="checkbox"/> N Hit & Run: <input type="checkbox"/> Y <input type="checkbox"/> N

CONDITIONS	Weather (CHECK ALL THAT APPLY)	Visibility	Wind	Water Conditions	Temperatures
	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <input type="checkbox"/> Unknown	Day Night <input type="checkbox"/> <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/> <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph) <input type="checkbox"/> Unknown	<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 (waves 6'+) <input type="checkbox"/> Strong Current <input type="checkbox"/> Unknown	_____ ° F Air _____ ° F Water <input type="checkbox"/> Unknown

TYPE OF ACCIDENT	CAUSE OF ACCIDENT	MACHINERY FAILURE - IF APPLICABLE
<input type="checkbox"/> Capsizing <input type="checkbox"/> Carbon Monoxide Poisoning <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Collision with Other Vessel <input type="checkbox"/> Dam Related <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fire/Explosion (Fuel) <input type="checkbox"/> Fire/Explosion (Other than fuel) <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Grounding <input type="checkbox"/> Lock Related <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Propeller <input type="checkbox"/> Swimmer <input type="checkbox"/> Sinking <input type="checkbox"/> Tow Sport: Skier, Tuber, or Person Towed <input type="checkbox"/> Starting/Stopping Engine <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other _____	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Drug Use <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Failure of Hull <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Ignition of Spilled Fuel or Vapor <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Improper Loading <input type="checkbox"/> Improper Lighting or No Lights <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Negligent Operation <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Operator Error <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical System Failure <input type="checkbox"/> Engine Failure <input type="checkbox"/> Fuel System Failure <input type="checkbox"/> Shift Failure <input type="checkbox"/> Steering System Failure <input type="checkbox"/> Throttle Failure <input type="checkbox"/> Ventilation System Failure <input type="checkbox"/> Other _____
		EQUIPMENT FAILURE - IF APPLICABLE
		<input type="checkbox"/> Auxiliary Equipment Failure <input type="checkbox"/> Communication Equipment Failure <input type="checkbox"/> Fire Extinguisher Not Serviceable <input type="checkbox"/> Sail Dismasting <input type="checkbox"/> Seat Broke Loose <input type="checkbox"/> Sound Producing Equipment Failure <input type="checkbox"/> Visual Distress Signal Failure <input type="checkbox"/> Other _____

ACCIDENT NARRATIVE (DESCRIBE ACCIDENT IN YOUR OWN WORDS)

Case: _____ Date: _____ Name: _____ County/City: _____ P.O.W.: _____