

THIS PAGE FOR LAW ENFORCEMENT USE ONLY

This report is provided by the Washington State Parks and Recreation Commission (WSPRC) in compliance with RCW 79A.060.220. It states in part: Law enforcement authorities, fire departments, or search and rescue units of any city or county government agency, shall provide a report to WSPRC regarding any boating accident occurring in their jurisdiction resulting in death or medical treatment beyond first aid. Within 48 hours of becoming aware of an accident, the local agency shall notify WSPRC of the accident.

Attach Narrative Report, Incident Report, and Accident Scene Diagram as necessary. Forward a copy of this report to:
 Washington State Parks and Recreation Commission • Boating Programs Office • PO Box 42654 • Olympia, WA 98504-2654 • (360) 586-6590

FATALITY INFORMATION (INDICATE OPERATOR OR INDIVIDUAL NUMBER FROM LIST ON PAGE 3)

#	Coroner/ ME:	Address:	Phone: ()
Nearest relative:		Notified: <input type="checkbox"/>	Address:
Victim from boat #: <input type="checkbox"/> None (describe)		Age:	DOB:
Death Caused by:		Victim Was:	Victim's Swimming Ability
<input type="checkbox"/> Hypothermia <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Disappearance <input type="checkbox"/> Drowning		<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Swimmer	<input type="checkbox"/> Water Skier/Tow <input type="checkbox"/> Sport Skier <input type="checkbox"/> Other:
<input type="checkbox"/> Propeller Injury <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe)		<input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer	PFD Worn <input type="checkbox"/> Yes <input type="checkbox"/> No Type:

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ALCOHOL / DRUG INVOLVEMENT

<table border="0"> <tr> <td style="width:5%;">BOAT</td> <td style="width:5%;">#1</td> <td style="width:5%;">#2</td> <td>(Check as Applicable)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Had not been drinking</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>HBD - Not under the influence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>HBD - Under the Influence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>HBD - Impairment Unknown</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Under Drug Influence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Other Physical Impairment</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Impairment Unknown</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Not Applicable</td> </tr> </table>	BOAT	#1	#2	(Check as Applicable)	<input type="checkbox"/>	<input type="checkbox"/>		Had not been drinking	<input type="checkbox"/>	<input type="checkbox"/>		HBD - Not under the influence	<input type="checkbox"/>	<input type="checkbox"/>		HBD - Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>		HBD - Impairment Unknown	<input type="checkbox"/>	<input type="checkbox"/>		Under Drug Influence	<input type="checkbox"/>	<input type="checkbox"/>		Other Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>		Impairment Unknown	<input type="checkbox"/>	<input type="checkbox"/>		Not Applicable	<table border="0"> <tr> <td style="width:80%;">Boat Operator - Alcohol/Drug Use</td> <td style="width:20%; text-align: right;">(Check if Yes)</td> </tr> <tr> <td>Was there any liquor or alcohol beverages on board during the operation of this boat?</td> <td align="right"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Did operator consume any alcohol before or during the operation of this boat?</td> <td align="right"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Did any passengers consume any alcohol before or during the operation of this boat?</td> <td align="right"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>If 2 or more boats were involved in this accident, was there indication that the operator(s) had been drinking?</td> <td align="right"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>How long had operator been on the water before the accident happened?: #1 _____ #2 _____</td> <td></td> </tr> </table>	Boat Operator - Alcohol/Drug Use	(Check if Yes)	Was there any liquor or alcohol beverages on board during the operation of this boat?	<input type="checkbox"/> <input type="checkbox"/>	Did operator consume any alcohol before or during the operation of this boat?	<input type="checkbox"/> <input type="checkbox"/>	Did any passengers consume any alcohol before or during the operation of this boat?	<input type="checkbox"/> <input type="checkbox"/>	If 2 or more boats were involved in this accident, was there indication that the operator(s) had been drinking?	<input type="checkbox"/> <input type="checkbox"/>	How long had operator been on the water before the accident happened?: #1 _____ #2 _____	
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DRUG/ALCOHOL TESTING (USE NUMBER FROM "INDIVIDUALS INVOLVED" ON PAGE 3)

WHO	#	TESTED	TYPE OF TEST	RESULTS	BLOOD ALCOHOL CONTENT
Operator 1		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Other:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Operator 2		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Other:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Passenger		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Other:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
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ZONE OF OPERATION

<table border="0"> <tr> <td style="width:5%;">BOAT 1</td> <td><input type="checkbox"/> Unzoned</td> <td><input type="checkbox"/> Speed</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No Wake</td> <td><input type="checkbox"/> River</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No Boats</td> <td><input type="checkbox"/> Channel</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Restricted MPH</td> <td><input type="checkbox"/> Ocean</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Ski</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>	BOAT 1	<input type="checkbox"/> Unzoned	<input type="checkbox"/> Speed		<input type="checkbox"/> No Wake	<input type="checkbox"/> River		<input type="checkbox"/> No Boats	<input type="checkbox"/> Channel		<input type="checkbox"/> Restricted MPH	<input type="checkbox"/> Ocean		<input type="checkbox"/> Ski			<input type="checkbox"/> Other:		<table border="0"> <tr> <td>TRAFFIC</td> </tr> <tr> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Medium</td> </tr> <tr> <td><input type="checkbox"/> Heavy</td> </tr> </table>	TRAFFIC	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<table border="0"> <tr> <td colspan="5">VESSEL DAMAGE - CIRCLE DAMAGED AREA(S)</td> </tr> <tr> <td align="center"></td> <td align="center"></td> <td align="center"></td> <td align="center"></td> <td align="center"></td> </tr> <tr> <td align="center">Top</td> <td align="center">Bottom</td> <td align="center">Right</td> <td align="center">Left</td> <td align="center">Transom</td> </tr> </table>	VESSEL DAMAGE - CIRCLE DAMAGED AREA(S)										Top	Bottom	Right	Left	Transom
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LOCAL AGENCY REPORT CERTIFICATION

Investigating Officer Name (Print):	Badge #:	Date:
Investigation Officer Signature:		
Reviewed By:	Title:	Date:
Narrative Incident Report Attached: <input type="checkbox"/> Y <input type="checkbox"/> N Accident Scene Diagram Attached: <input type="checkbox"/> Y <input type="checkbox"/> N Boating Accident Report Attached: <input type="checkbox"/> Y <input type="checkbox"/> N Incident Report Attached: <input type="checkbox"/> Y <input type="checkbox"/> N		

INVESTIGATION REPORT FORWARDED TO:

<input type="checkbox"/> Washington State Parks <input type="checkbox"/> Coroner/Medical Examiner <input type="checkbox"/> Other:	STATE BOATING ACCIDENT REPORT (BAR) GIVEN TO: <input type="checkbox"/> Operator <input type="checkbox"/> Vessel 1 <input type="checkbox"/> Vessel 2 <input type="checkbox"/> Owner <input type="checkbox"/> Vessel 1 <input type="checkbox"/> Vessel 2 <input type="checkbox"/> Other (specify): <input type="checkbox"/> Vessel 1 <input type="checkbox"/> Vessel 2
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STATE PARKS USE ONLY

Primary Cause of Accident:	Cause Based On (check one):
Secondary Cause of Accident:	<input type="checkbox"/> BAR <input type="checkbox"/> Investigation <input type="checkbox"/> BAR & Investigation
Reviewed by:	<input type="checkbox"/> Could not be determined, Narrative Report Attached