

# 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 than 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"/> Fog	<input type="checkbox"/> Hazy	<input type="checkbox"/> Rough (waves 2' - 6')		<input type="checkbox"/> Fair			
		<input type="checkbox"/> Very Rough (greater than 6')		<input type="checkbox"/> Poor			
		<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:		Type:			
<input type="checkbox"/> Fishing		NUMBER OF WEARABLE LIFE JACKETS WORN:					
<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):

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**DESCRIPTION OF PROPERTY DAMAGE OR VESSEL DAMAGE:**

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VESSEL DAMAGE ESTIMATE AMOUNT:  PROPERTY DAMAGE ESTIMATE AMOUNT:

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

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**DECEASED (if more than 2, attached additional forms)**

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

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

**INJURED (if more than 2, attached additional forms)**

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

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

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:	<input type="text"/>	ADDRESS:	<input type="text"/>	PHONE:	<input type="text"/>
NAME:	<input type="text"/>	ADDRESS:	<input type="text"/>	PHONE:	<input type="text"/>

**PERSON COMPLETING REPORT**

NAME:  ADDRESS:  PHONE:

SIGNATURE: