

Arizona Boating Accident and Casualty Report

NOTE: The operator or owner of every watercraft involved in a collision, accident or other casualty involving property damage exceeding \$500 shall submit a written report directly to the Arizona Game and Fish Department within 5 days. Accidents involving death or serious injury shall be submitted within 48 hours. These reports are for Department use in statistical analysis for casualty prevention and shall not be used as evidence in any trial, civil or criminal, arising from the incident. §A.R.S. 5-349
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

REPORT SUBMISSION

Report required because (complete all that apply):

- At least one person in this accident *died*:
If so, how many?
- At least one injured person in this accident *required or was in need of treatment beyond first aid*:
If so, how many?
- At least one person in this accident *disappeared* and has not been found:
If so, how many?
- All boat and other property *damage* (e.g., fishing/hunting gear) caused by this accident *totaled* (or likely totaled) \$500 or more:
 - Approximate value of damage to *your* boat: \$
 - Approximate value of damage to *your* other property: \$
- Your or another *boat* in this accident was (or likely was) a *total loss*

Send Report to:

Arizona Game and Fish Department
5000 W. Carefree Highway
Phoenix, Arizona 85086-5000
Phone: (602) 942-3000

To be reported within:

48 hours (if injury, disappearance or death)
5 days (if boat/property damage exceeding \$500)
 (Unless reported by a Law Enforcement Agency)

Report submitted by:

Boat Operator: (required)
 Boat Owner: (if operator unable)
 Other: (provide information):
 Name:
 Address:
 City, State, Zip Code:
 Phone:

For State Agency Use Only

Related BARD #

First name:

Last name:

Phone:

Primary cause of accident:

ACCIDENT SUMMARY

WHEN

Date: / / mm/dd/yy
 Time: : am pm (select one)

Briefly describe this accident (attach extra pages if necessary):

WHERE

Body of water name:
 Location description
 Decimal Lat/Long if known
 (on water)
 Nearest city/town:
 County:
 State:

DAMAGE TO YOUR BOAT

Briefly summarize any damage to *your* boat:

YOUR BOAT - PEOPLE

people *on board* (including operator):
 # people *being towed* (e.g., on tubes, skis):
 # people *wearing lifejackets* (on board or towed):

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)

Briefly summarize any damage to *your* other property (not boat):

OTHER BOATS INVOLVED IN ACCIDENT

of *other* boats involved?

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT

BOAT IDENTIFICATION

Your boat name:	<input type="text"/>	Manufacturer:	<input type="text"/>
Model name:	<input type="text"/>	Model year:	<input type="text"/>
Registration #:	<input type="text"/>	Documentation #:	<input type="text"/>
Hull Identification # (HIN):	<input type="text"/>	Rented:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIZE ESTIMATES

Length:	<input type="text"/> ft.	Depth from transom (stern) to keel (bottommost point):	<input type="text"/> ft. <input type="text"/> in.	Beam width at widest point:	<input type="text"/> ft.
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HULL MATERIAL

Type of hull material (select one):

<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Wood	<input type="checkbox"/> Rubber/vinyl/canvas	<input type="checkbox"/> Other (describe): <input type="text"/>
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic	

BOAT TYPE

Boat type (select one): <input type="checkbox"/> Cabin motorboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Canoe <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Open motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Rowboat (e.g., Wave Runner™, <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Air boat Jet Ski™, Sea-Doo™) <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Kayak <input type="checkbox"/> Other (describe): <input type="text"/>	Propulsion (select all that apply): <input type="checkbox"/> Propeller <input type="checkbox"/> Air thrust <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="text"/> <input type="checkbox"/> Manual <input type="checkbox"/> Water jet
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ENGINE

# engines:	<input type="text"/>	Engine type and horsepower (select one):	<input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> None	Fuel type (select all that apply):	<input type="checkbox"/> Gasoline <input type="checkbox"/> Electric
Manufacturer:	<input type="text"/>	Total horsepower:	<input type="text"/> hp		

SAFETY MEASURES

Have you had a safety inspection of your equipment on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

US Coast Guard Auxiliary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	County Agency (Name):	<input type="text"/>
US Power Squadrons:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Agency (Name):	<input type="text"/>

# Life jackets on board:	<input type="text"/>	# Fire extinguishers on board:	<input type="text"/>	Type of fire extinguishers (e.g., ABC):	<input type="text"/>
		# Fire extinguishers used:	<input type="text"/>	Amount of fire extinguisher used:	<input type="text"/>

ACCIDENT DETAILS - EXTERNAL CONDITIONS

WEATHER

Overall weather was (select one): <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Cloudy <input type="checkbox"/> Snowing <input type="checkbox"/> Foggy <input type="checkbox"/> Hazy <input type="checkbox"/> Other (describe): <input type="text"/>	It was (select one): <input type="checkbox"/> Day <input type="checkbox"/> Night	Visibility was (select one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wind was (select one): <input type="checkbox"/> 0 mph (none) <input type="checkbox"/> Over 0, up to 12 mph (light) <input type="checkbox"/> Over 12, up to 25 mph (moderate) <input type="checkbox"/> Over 25, up to 55 mph (strong) <input type="checkbox"/> Over 55 mph (stormy)
Approximate air temperature: <input type="text"/> °F			

WATER

Overall water conditions (select one): <input type="checkbox"/> Up to 6 in. waves (calm) <input type="checkbox"/> Over 6 in., up to 2 ft. waves (choppy) <input type="checkbox"/> Over 2 ft., up to 6 ft waves (rough) <input type="checkbox"/> Over 6 ft. waves (very rough)	Other water conditions: Approximate water temperature: <input type="text"/> °F Strong current? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="checkbox"/> Yes <input type="checkbox"/> No Congested waters? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON *YOUR* BOAT

OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident :

Activities were (select one):

- Recreational
- Commercial

Operator/passenger activities (select all that apply):

- Fishing
- Tubing
- Starting engine
- Hunting
- Water Skiing
- Making repairs
- White water activity (e.g., rafting)
- Relaxing

Other (list):

BOAT OPERATIONS

Your boat operations at time of accident (select all that apply):

- Cruising (underway under power)
- Drifting
- Racing
- Towing another vessel
- Changing direction
- At anchor
- Rowing/paddling
- Launching
- Changing speed
- Being towed
- Tied to dock/mooring
- Docking/undocking
- Sailing
- Other (list):

ACCIDENT DETAILS - CONTRIBUTING FACTORS ON *YOUR* BOAT

CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident (select all that apply):

- Alcohol use
- Operator inattention
- Hazardous waters
- Restricted vision (e.g., fog)
- Drug use
- Operator inexperience
- Heavy weather
- Missing/inadequate aids to navigation (e.g., buoy, marina marker)
- Excessive speed
- Language barrier
- Hull failure
- Ignition of fuel or vapor
- Improper anchoring
- Navigation rules violation
- Starting in gear
- Inadequate on-board navigation lights
- Improper loading
- Failure to vent
- Sharp turn
- People on gunwale, bow or transom
- Overloading
- Dam/lock
- Force of wake/wave
- Other (describe):

ACCIDENT DETAILS - *YOUR* BOAT

MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident (select all that apply):

- Engine
- Sail/mast
- Steering
- Radio
- Fire extinguisher
- Electrical system
- Onboard lights
- Throttle
- Auxiliary equipment
- Ventilation
- Fuel system
- Seats
- Shift
- Sound equipment (e.g., horn, whistle)
- Onboard navigation aids (e.g., GPS, Loran)
- Other (list):

ACCIDENT DETAILS - EVENTS ON *YOUR* BOAT

ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident (select all that apply):

- Collision with recreational boat
- Flooding/swamping
- Person fell overboard
- Collision with commercial boat (e.g., tug, barge)
- Fire/explosion - fuel
- Person fell on/within boat
- Collision with fixed object (e.g., dock, bridge)
- Fire/explosion - non-fuel
- Sudden medical condition
- Collision with submerged object (e.g., stump, cable)
- Carbon monoxide exposure
- Person struck by boat
- Collision with floating object (e.g., log, buoy)
- Mishap of skier, tuber, wakeboarder, etc.
- Person struck by propeller or propulsion unit
- Capsizing
- Person left boat voluntarily
- Person electrocuted
- Grounding
- Person ejected from boat (caused by collision or maneuver)
- Sinking

Other (describe):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**ACCIDENT DETAILS - YOUR BOAT -
INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID**

Report only injured people on, struck by, or being towed by your boat, receiving or in need of treatment beyond first aid. Do not report injured people on, struck by, or being towed by another boat or no boat (e.g., swimmers, people on a dock). If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

INJURED PERSON					
First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
		Age:	<input type="text"/>		

INJURY DETAILS	
Injury caused when person (select all that apply): <input type="checkbox"/> Struck the: _____ (e.g., boat, water) <input type="checkbox"/> Was struck by a: _____ (e.g., boat, propeller) <input type="checkbox"/> Was exposed to carbon monoxide poisoning <input type="checkbox"/> Received an electric shock <input type="checkbox"/> Other (describe): _____	Nature of most serious injury (select one): <input type="checkbox"/> Scrape/bruise <input type="checkbox"/> Cut <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Concussion/brain injury <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Broken/fractured bone <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal organ injury <input type="checkbox"/> Amputation <input type="checkbox"/> Burn <input type="checkbox"/> Other (describe): _____
Person was wearing lifejacket? <input type="checkbox"/> Yes <input type="checkbox"/> No Person received treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Person was admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Body part of most serious injury (e.g., head, hip, knee): <input type="text"/>

ACCIDENT DETAILS - YOUR BOAT - DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people onboard, struck by, or being towed by your boat. If more than one death/disappearance for this report, attach additional copies of this page. If none, SKIP DEATHS/DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED					
First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
		Age:	<input type="text"/>		

DETAILS OF DEATH/DISAPPEARANCE	
Injury caused when person (select all that apply): <input type="checkbox"/> Struck the: _____ (e.g., boat, water) <input type="checkbox"/> Was struck by a: _____ (e.g., boat, propeller) <input type="checkbox"/> Was exposed to carbon monoxide poisoning <input type="checkbox"/> Received an electric shock <input type="checkbox"/> Other (describe): _____	Nature of death/disappearance (select one): <input type="checkbox"/> Death - by drowning <input type="checkbox"/> Death - other likely cause (describe): _____ <input type="checkbox"/> Disappeared and not yet recovered Person was wearing lifejacket? <input type="checkbox"/> Yes <input type="checkbox"/> No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - YOUR BOAT OPERATOR

OPERATOR INSTRUCTION

Boating safety instruction completed (select all that apply):

None

State course (Arizona or other: _____)

USCG Auxiliary course

US Power Squadrons course

Online (name of sponsoring organization):

Other (describe):

OPERATOR EXPERIENCE

Experience operating this type of boat (select one):

0 to 10 hours Over 100, up to 500 hours

Over 10, up to 100 hours Over 500 hours

OPERATOR SAFETY MEASURES

On board, prior to accident, was operator wearing:
A lifejacket?

Yes No

An engine cut-off switch (Lanyard or wireless device) if equipped?

Yes No

On board, prior to accident, was operator using:
Alcohol?

Yes No

Drugs?

Yes No

Operator arrested for Boating Under the Influence?

Yes No

Weather reports consulted prior to accident?

Yes No

ACCIDENT DETAILS - OTHER KEY PEOPLE

Only report other key people *not already documented* as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.

NAME/ADDRESS

This other key person was a(n) (select all that apply):

Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness

First: _____ MI: Last: _____

Street: _____

City: _____ State: _____ Zip: _____

Other boat name (if any): _____ Phone: _____ - _____ - _____

Other boat registration # (if any): _____

NAME/ADDRESS

This other key person was a(n) (select all that apply):

Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness

First: _____ MI: Last: _____

Street: _____

City: _____ State: _____ Zip: _____

Other boat name (if any): _____ Phone: _____ - _____ - _____

Other boat registration # (if any): _____

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT OPERATOR

NAME/ADDRESS

First: MI: Last:

Street:

City: State: Zip: -

AGE/GENDER/PHONE

Age: Gender: Male Female Phone: - -

YOUR BOAT OWNER

If same as *your* boat operator SKIP rest of YOUR BOAT OWNER section.

NAME/ADDRESS/PHONE

First: MI: Last:

Street:

City: State: Zip: -

Phone: - -

PERSON SUBMITTING THIS REPORT

If same as *your* boat operator OR owner, SKIP rest of PERSON SUBMITTING THIS REPORT section.

NAME/ADDRESS/PHONE/INVOLVEMENT

First: MI: Last:

Street:

City: State: Zip: -

Phone: - -

I was a(n) (select one):

Other person on board *this* boat

Accident witness *not* on board *this* boat

Other (describe):

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your Signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yy
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