



MASSACHUSETTS ENVIRONMENTAL POLICE

Boating Accident Report (BAR)

A BAR is required by the USCG (Fed 33 CFR part 173) and by MGL CH90B§9(b) by any numbered vessel or any vessel used for recreational purposes that is involved in an accident that results in death, disappearance, injury beyond first aid or property damage in excess of \$500.00.

Complete all blocks (indicate those not applicable by "NA")

Report required because (select 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 yet been recovered:
If so, how many?
- All boat and other property *damage* (e.g., fishing/hunting gear) caused by this accident *totaled* (or likely totaled) \$500.00 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*

To be submitted within:

48 hours (if injury, disappearance or death)
5 days (if boat/property damage only)

To be submitted by mail or fax to:

MASSACHUSETTS ENVIRONMENTAL POLICE
BOAT AND RECREATION VEHICLE SAFETY BUREAU
5205 Ent Street
Buzzards Bay, MA 02542-9998
Phone: (508) 564-4961
Fax: (508) 564-4964

Report submitted by (select all that apply):

- Boat Operator (required if possible)
- Boat Owner (if operator unable, or same as operator)
- Other (describe):

First name: Last name:

Phone: - -

For State Agency Use Only

Agency:
First name:
Last name:
Phone:
Case #:
Bard #:

ACCIDENT SUMMARY

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

WHERE
Body of water name:
Location (on water) description:
Nearest city/town:
County:
State:

YOUR BOAT - PEOPLE

# people on board (including operator):	<input type="text"/>
# people being towed (e.g., on tubes, skis):	<input type="text"/>
# people wearing lifejackets (on board or towed):	<input type="text"/>

OTHER BOATS INVOLVED IN ACCIDENT

# of other boats involved?	<input type="text"/>
----------------------------	----------------------

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

DAMAGE TO YOUR BOAT
Briefly summarize any damage to *your* boat:

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)
Briefly summarize any damage to *your* other property (not boat):

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="radio"/> Yes <input type="radio"/> 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.
---------	--------------------------	--	---	-----------------------------	--------------------------

HULL MATERIAL

Type of hull material (select one):

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

BOAT TYPE

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

ENGINE

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

SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

<input type="checkbox"/> US Coast Guard Auxiliary:	VSC Decal? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Federal Agency (Name):	<input type="text"/>
<input type="checkbox"/> US Power Squadrons:	VSC Decal? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> State Agency (Name):	<input type="text"/>
		<input type="checkbox"/> 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):	It was	Visibility was	Wind was (select one):
<input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Snowing <input type="radio"/> Foggy <input type="radio"/> Hazy <input type="radio"/> Other (describe): <input type="text"/>	(select one): <input type="radio"/> Day <input type="radio"/> Night	(select one): <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> 0 mph (none) <input type="radio"/> Over 0, up to 12 mph (light) <input type="radio"/> Over 12, up to 25 mph (moderate) <input type="radio"/> Over 25, up to 55 mph (strong) <input type="radio"/> Over 55 mph (stormy)
	Approximate air temperature: <input type="text"/> °F		

WATER

Overall water conditions (select one):	Other water conditions:
<input type="radio"/> Up to 6 in. waves (calm) <input type="radio"/> Over 6 in., up to 2 ft. waves (choppy) <input type="radio"/> Over 2 ft., up to 6 ft waves (rough) <input type="radio"/> Over 6 ft. waves (very rough)	Approximate water temperature: <input type="text"/> °F Strong current? <input type="radio"/> Yes <input type="radio"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="radio"/> Yes <input type="radio"/> No Congested waters? <input type="radio"/> Yes <input type="radio"/> No

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
- Excessive speed
- Language barrier
- Hull failure
- aids to navigation (e.g., buoy, daymarker)
- Improper anchoring
- Navigation rules violation
- Ignition of fuel or vapor
- Inadequate on-board
- Improper loading
- Failure to vent
- Starting in gear
- navigation lights
- Overloading
- Dam/lock
- Sharp turn
- People on gunwale, bow
- Improper lookout
- Force of wake/wave
- or transom
- 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
- Grounding
- Person left boat voluntarily
- Person electrocuted
- Sinking
- Person ejected from boat (caused by collision or maneuver)
- 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"/>	Date of Birth:	<input type="text"/>	Age:	<input type="text"/>

INJURY DETAILS

Injury caused when person (select all that apply): <input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water) <input type="checkbox"/> Was struck by a: <input type="text"/> (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): <input type="text"/>	Nature of most serious injury (select one): <input type="radio"/> Scrape/bruise <input type="radio"/> Cut <input type="radio"/> Sprain/strain <input type="radio"/> Concussion/brain injury <input type="radio"/> Spinal cord injury <input type="radio"/> Broken/fractured bone <input type="radio"/> Dislocation <input type="radio"/> Internal organ injury <input type="radio"/> Amputation <input type="radio"/> Burn <input type="radio"/> Other (describe): <input type="text"/>
Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> No Person received treatment beyond first aid? <input type="radio"/> Yes <input type="radio"/> No Person was admitted to a hospital? <input type="radio"/> Yes <input type="radio"/> 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 on, struck by, or being towed by *your boat*. If more than one death/disappearance to 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"/>	Date of Birth:	<input type="text"/>	Age:	<input type="text"/>

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person (select all that apply): <input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water) <input type="checkbox"/> Was struck by a: <input type="text"/> (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): <input type="text"/>	Nature of death/disappearance (select one): <input type="radio"/> Death - by drowning <input type="radio"/> Death - other likely cause (describe): <input type="text"/> <input type="radio"/> Disappeared and not yet recovered Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> 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
- USCG Auxiliary course
- US Power Squadrons course
- Internet (name of sponsoring organization):

Other (describe):

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

OPERATOR EXPERIENCE

Experience operating this type of boat (select one):

- 0 to 10 hours
- Over 10, up to 100 hours
- Over 100, up to 500 hours
- Over 500 hours

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

Date of Birth: 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/ROLE

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: Date: mm/dd/yy