

Nevada Boating Accident and Casualty Report

The vessel operators involved in an accident are required to file a report in writing whenever an accident results in loss of life, loss of consciousness, medical treatment beyond first aid, or property damage exceeding \$2,000. Reports in death and injury cases must be submitted within 48 hours; reports in other cases are required within 10 days. All reports shall be submitted to the Nevada Department of Wildlife, and shall include a full description of the collision, accident or other casualty. Insurers and persons who repair damaged vessels must provide written notice of the requirement for filing boating accidents reports and shall transmit a copy of each notice to the Department of Wildlife. (NAC 488.440 and 488.445)

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 needed 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) \$2000 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:

Attn: Boating Law Administrator
Nevada Department of Wildlife
6980 Sierra Center Parkway, Suite 120 Reno,
Nevada 89511
Phone: (775) 688-1500

To be reported within:

48 hours (if injury, disappearance or death)
10 days (if boat/property damage exceeding \$2000
unless reported by a Law Enforcement Agency)

For State Agency Use Only

Related BARD#:

First Name:

Last Name:

Phone:

Primary cause of accident:

Report submitted by:

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

ACCIDENT SUMMARY

WHEN

Date (mm/dd/yy):

Time: ☐ a.m. ☐ p.m.

WHERE

Body of water name:

Location description:

(Provide, on water, decimal Lat/Long if known)

Nearest city/town:

County:

State:

DAMAGE TO YOUR BOAT

Briefly summarize any damage to *your* boat with cost estimate:

DAMAGE TO YOUR OTHER PROPERTY

Briefly summarize any damage to your other property and estimate cost to repair or replace (not boat):

YOUR BOAT - PEOPLE

of people on board (including operator):

of people being towed (e.g., on tubes, skis):

of people wearing lifejackets (on board or towed):

OTHER BOATS INVOLVED IN ACCIDENT

of *other* boats involved:

YOUR BOAT

BOAT IDENTIFICATION

Your boat name:

Model name:

Registration #:

Hull ID # (HIN):

Manufacturer:

Model year:

Documentation #:

Rented? ☐ Yes ☐ No

SIZE ESTIMATES

Length: ft.

Depth from transom (stern) to keel (bottommost point): ft. in.

Beam width at widest point: ft.

HULL MATERIAL

Type of hull material (select one):

☐ Fiberglass ☐ Wood ☐ Rubber/vinyl/canvas ☐ Aluminum ☐ Steel ☐ Plastic ☐ Other (describe):

BOAT TYPE

Boat type (select one):

☐ Cabin motorboat ☐ Open motorboat ☐ Auxiliary sail ☐ Pontoon boat ☐ Inflatable ☐ Houseboat ☐ Sail (only) ☐ Paddlecraft

☐ Rowboat ☐ Air boat ☐ Personal watercraft (PWC) ☐ Other (describe):

(e.g., WaveRunner™, Jet Ski™, Sea-Doo™)

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

Propulsion (select all that apply): <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Manual <input type="checkbox"/> Water jet <input type="checkbox"/> Air thrust <input type="checkbox"/> Other (describe):					
ENGINE					
# of engines: Manufacturer: Total Horsepower:		Engine type: <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive(I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Other (describe):		Fuel type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other:	
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 State Agency Name: County Agency Name: US Power Squadrons: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Agency Name: # of life jackets on board: # of fire extinguishers on board: Type of fire extinguishers (e.g., ABC): # of life jackets used: # of fire extinguishers used: Amount of fire extinguisher used:					
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):		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: 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: 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		
ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT					
NARRATIVE Briefly describe this accident (attach extra pages if necessary)					
BOAT OPERATIONS Your boat operations and activity at time of accident (select all that apply)					
<input type="checkbox"/> Recreational <input type="checkbox"/> Cruising (underway under power) <input type="checkbox"/> Changing direction <input type="checkbox"/> Changing speed <input type="checkbox"/> Drifting		<input type="checkbox"/> Commercial <input type="checkbox"/> Hunting <input type="checkbox"/> Rowing/paddling <input type="checkbox"/> Racing <input type="checkbox"/> Sailing <input type="checkbox"/> At anchor		<input type="checkbox"/> Fishing <input type="checkbox"/> Water skiing/tubing <input type="checkbox"/> Being towed <input type="checkbox"/> Towing another vessel <input type="checkbox"/> Starting engine <input type="checkbox"/> Tied to dock/mooring	
<input type="checkbox"/> Launching <input type="checkbox"/> Docking/un docking <input type="checkbox"/> Other (list):					
ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT					
CONTRIBUTING FACTORS					
Indicate factors on your boat which may have contributed to this accident (selected all that apply): <input type="checkbox"/> Alcohol use <input type="checkbox"/> Operator inattention <input type="checkbox"/> Hazardous waters <input type="checkbox"/> Missing/inadequate aids to navigation (e.g., buoy, marina marker) <input type="checkbox"/> Drug use <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Heavy weather <input type="checkbox"/> Inadequate on-board navigation lights <input type="checkbox"/> Excessive speed <input type="checkbox"/> Language barrier <input type="checkbox"/> Hull failure <input type="checkbox"/> People on gunwale, bow or transom <input type="checkbox"/> Improper anchoring <input type="checkbox"/> Navigation rules violation <input type="checkbox"/> Ignition of fuel or vapor <input type="checkbox"/> Other (describe): <input type="checkbox"/> Improper loading <input type="checkbox"/> Failure to vent <input type="checkbox"/> Starting in gear <input type="checkbox"/> Sharp turn <input type="checkbox"/> Improper lookout <input type="checkbox"/> Dam/lock <input type="checkbox"/> Restricted vision (e.g., fog) <input type="checkbox"/> Overloading <input type="checkbox"/> Force of wake/wave					
ACCIDENT DETAILS - YOUR BOAT					
MACHINERY/EQUIPMENT FAILURE					
Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply): <input type="checkbox"/> Engine <input type="checkbox"/> Sail/mast <input type="checkbox"/> Steering <input type="checkbox"/> Radio <input type="checkbox"/> Sound equipment (e.g., horn, whistle) <input type="checkbox"/> Electrical system <input type="checkbox"/> Onboard lights <input type="checkbox"/> Throttle <input type="checkbox"/> Auxiliary equipment <input type="checkbox"/> Ventilation <input type="checkbox"/> Fuel system <input type="checkbox"/> Seats <input type="checkbox"/> Shift <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Onboard navigation aids (e.g., GPS, Loran) <input type="checkbox"/> Other (describe):					

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

ACCIDENT DETAILS - EVENTS ON YOUR BOAT

ACCIDENT EVENTS

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

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

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:	MI:	Last:
Street:		
City:	State:	Zip code:
Phone:	Date of Birth:	Age:

INJURY DETAILS

Injury caused when person (select all that apply):

- ☐ Struck the (e.g., boat, water):
- ☐ Was struck by a (e.g., boat, propeller):
- ☐ Was exposed to carbon monoxide poisoning
- ☐ Received an electric shock
- ☐ Other (describe):

Was person wearing lifejacket? ☐ Yes ☐ No

Did person receive treatment beyond first aid? ☐ Yes ☐ No

Was person admitted to a hospital? ☐ Yes ☐ No

Nature of most serious injury (select one):

- ☐ Scrape/bruise ☐ Dislocation
- ☐ Cut ☐ Internal organ injury
- ☐ Sprain/strain ☐ Amputation
- ☐ Concussion/brain injury ☐ Burn
- ☐ Broken/fractured bone ☐ Other (describe):

Body part of most serious injury (e.g., head, hip, knee):

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:	MI:	Last:
Street:		
City:	State:	Zip code:
Phone:	Date of Birth:	Age:

DETAILS OF DEATH/DISAPPEARANCE

Injury cause when person (select all that apply):

- ☐ Struck the (e.g., boat, water):
- ☐ Was struck by a (e.g., boat, propeller):
- ☐ Was exposed to carbon monoxide poisoning
- ☐ Received an electric shock
- ☐ Other (describe):

Nature of death/disappearance (select one):

- ☐ Death by drowning
- ☐ Death by other likely cause (describe):

☐ Disappeared and not yet recovered

Was person wearing a lifejacket? ☐ Yes ☐ No

ACCIDENT DETAILS - YOUR BOAT OPERATOR

OPERATOR INSTRUCTION

Boating safety instruction completed (select all that apply):

- ☐ None
- ☐ State course (Arizona or other (list):)
- ☐ USCG
- ☐ US Power Squadrons course
- ☐ Online (name of sponsoring organization):
- ☐ Other (describe):

OPERATOR EXPERIENCE

Experience level of 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

Were weather reports consulted prior to accident?

☐ Yes ☐ No

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

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 code: _____

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

Phone: _____ Other boat name (if any): _____ Other boat registration # (if any): _____

YOUR BOAT OPERATOR

DETAILS OF BOAT OPERATOR

First: _____ MI: _____ Last: _____

Street: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Date of Birth: _____ Age: _____ Gender: _____

YOUR BOAT OWNER

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

DETAILS OF BOAT OWNER

First: _____ MI: _____ Last: _____

Street: _____

City: _____ State: _____ Zip code: _____

Phone: _____

PERSON SUBMITTING THIS REPORT

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

DETAILS OF PERSON SUBMITTING REPORT

First: _____ MI: _____ Last: _____

Street: _____

City: _____ State: _____ Zip code: _____

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): _____