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 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) $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:

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: ___ : ___ am ___ pm (select one)

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

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

OTHER BOATS INVOLVED IN ACCIDENT
# of other boats involved?

DAMAGE TO YOUR BOAT
Briefly summarize any damage to your boat with cost estimate:

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)
Briefly summarize any damage to your other property and estimate cost to repair or replace (not boat):

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

**YOUR BOAT**

**BOAT IDENTIFICATION**

Your boat name: 
Manufacturer:  
Model name:  
Model year:  
Registration #:  
Documentation #:  
Hull Identification # (HIN):  
Rented:  

**SIZE ESTIMATES**

Length:  ft. Depth from transom (stern) to keel (bottommost point):  ft. in. 
Beam width at widest point:  ft. in.

**HULL MATERIAL**

Type of hull material (select one):  
- Fiberglass  
- Wood  
- Rubber/vinyl/canvas  
- Steel  
- Plastic  
- Other (describe):  

**BOAT TYPE**

Boat type (select one):  
- Cabin motorboat  
- Open motorboat  
- Auxiliary sail  
- Pontoon boat  
- Inflatable  
- Houseboat  
- Sail (only)  
- Paddlecraft  
- Personal watercraft (PWC) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)  
- Other (describe):  

Propulsion (select all that apply):  
- Propeller  
- Air thrust  
- Sail  
- Manual  
- Water jet  
- Other (describe):  

**ENGINE**

# engines:  
Manufacturer:  
Engine type and horsepower (select one):  
- Outboard  
- Sterndrive (I/O)  
- Inboard  
- Other (select one):  
- Total horsepower:  hp  
- Pod Drive  

Fuel type (select all that apply):  
- Gasoline  
- Electric  
- Diesel  
- 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)?

State Agency (Name):  
US Coast Guard Auxiliary:  
- Yes  
- No  
County Agency (Name):  
US Power Squadrons:  
- Yes  
- No  
Other Agency (Name):  

# Life jackets on board:  
# Fire extinguishers on board:  
# Fire extinguishers used:  
Type of fire extinguishers (e.g., ABC):  
Amount of fire extinguisher used:  

**ACCIDENT DETAILS - EXTERNAL CONDITIONS**

**WEATHER**

Overall weather was (select one):  
- Clear  
- Raining  
- Cloudy  
- Snowing  
- Foggy  
- Hazy  
- Other (describe):  

It was (select one):  
- Day  
- Night  
- Good  
- Fair  
- Poor  

Visibility was (select one):  

Wind was (select one):  
- 0 mph (none)  
- Over 0, up to 12 mph (light)  
- Over 12, up to 25 mph (moderate)  
- Over 25, up to 55 mph (strong)  
- Over 55 mph (stormy)  

Approximate air temperature:  °F

**WATER**

Overall water conditions (select one):  
- Up to 6 in. waves (calm)  
- Over 6 in., up to 2 ft. waves (choppy)  
- Over 2 ft., up to 6 ft waves (rough)  
- Over 6 ft. waves (very rough)  
- Other water conditions:  

Approximate water temperature:  °F  

Strong current?  
- Yes  
- No  

Hazardous waters? (e.g., rapid tidal flow, currents)  
- Yes  
- No  

Congested waters?  
- Yes  
- No  

Page 2 of 6
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### 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):

- [ ] Recreational
- [ ] Cruising (underway under power)
- [ ] Changing direction
- [ ] Changing speed
- [ ] Drifting
- [ ] At anchor
- [ ] Commercial
- [ ] Hunting
- [ ] Rowing/paddling
- [ ] Racing
- [ ] Sailing
- [ ] Fishing
- [ ] Water skiing/tubing
- [ ] Being towed
- [ ] Towing another vessel
- [ ] Starting engine
- [ ] Tied to dock/mooring
- [ ] Launching
- [ ] Docking/undocking

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

### 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
- [ ] Electrical system
- [ ] Fuel system
- [ ] Sail/mast
- [ ] Onboard lights
- [ ] Seats
- [ ] Steering
- [ ] Throttle
- [ ] Radio
- [ ] Auxiliary equipment
- [ ] 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
- [ ] Collision with commercial boat (e.g., tug, barge)
- [ ] Collision with fixed object (e.g., dock, bridge)
- [ ] Collision with submerged object (e.g., stump, cable)
- [ ] Collision with floating object (e.g., log, buoy)
- [ ] Capsizing
- [ ] Grounding
- [ ] Sinking
- [ ] Flooding/swamping
- [ ] Fire/explosion - fuel
- [ ] Fire/explosion - non-fuel
- [ ] Carbon monoxide exposure
- [ ] Mishap of skier, tuber, wakeboarder, etc.
- [ ] Person left boat voluntarily
- [ ] Person ejected from boat (caused by collision or maneuver)
- [ ] Person fell overboard
- [ ] Person fell on/within boat
- [ ] Sudden medical condition
- [ ] Person struck by boat
- [ ] Person struck by propeller or propulsion unit
- [ ] Person electrocuted

[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.*

<table>
<thead>
<tr>
<th>INJURED PERSON</th>
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**INJURY DETAILS**

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<th>Injury caused when person (select all that apply):</th>
<th>Nature of most serious injury (select one):</th>
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<tr>
<td>☐ Struck the:__________________________ (e.g., boat, water)</td>
<td>☐ Scraped/bruised</td>
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<td>☐ Was struck by a:______________________ (e.g., boat, propeller)</td>
<td>☐ Dislocated</td>
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<td>☐ Was exposed to carbon monoxide poisoning</td>
<td>☐ Cut</td>
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<tr>
<td>☐ Received an electric shock</td>
<td>☐ Internal organ injury</td>
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<td>☐ Other (describe):</td>
<td>☐ Sprained/straining</td>
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<td></td>
<td>☐ Amputated</td>
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<td>Person was wearing lifejacket?</td>
<td>☐ Yes ☐ No</td>
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<td>Person received treatment beyond first aid?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Person was admitted to a hospital?</td>
<td>☐ Yes ☐ No</td>
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</table>

**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.*

<table>
<thead>
<tr>
<th>PERSON WHO DIED/DISAPPEARED</th>
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**DETAILS OF DEATH/DISAPPEARANCE**

<table>
<thead>
<tr>
<th>Injury caused when person (select all that apply):</th>
<th>Nature of death/disappearance (select one):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Struck the:__________________________ (e.g., boat, water)</td>
<td>☐ Death - by drowning</td>
<td></td>
</tr>
<tr>
<td>☐ Was struck by a:______________________ (e.g., boat, propeller)</td>
<td>☐ Death - other likely cause (describe):</td>
<td></td>
</tr>
<tr>
<td>☐ Was exposed to carbon monoxide poisoning</td>
<td>☐ Disappeared and not yet recovered</td>
<td></td>
</tr>
<tr>
<td>☐ Received an electric shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other (describe):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person was wearing lifejacket?</td>
<td>☐ Yes ☐ No</td>
<td></td>
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</tbody>
</table>
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### ACCIDENT DETAILS - YOUR BOAT OPERATOR

<table>
<thead>
<tr>
<th>OPERATOR INSTRUCTION</th>
<th>OPERATOR SAFETY MEASURES</th>
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<tbody>
<tr>
<td><strong>Boating safety instruction completed</strong> (select all that apply):</td>
<td><strong>On board, prior to accident, was operator wearing:</strong></td>
</tr>
<tr>
<td>☐ None</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>☐ State course (Arizona or other: ______________)</td>
<td>☐ Yes ☐ No</td>
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<td>☐ USCG Auxiliary course</td>
<td>☐ US Power Squadrons course</td>
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<td>☐ Online (name of sponsoring organization):</td>
<td>☐ Yes ☐ No</td>
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<th>☐ Other (describe):</th>
<th>On board, prior to accident, was operator using:</th>
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<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Alcohol?</td>
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<tr>
<th>☐ Yes ☐ No</th>
<th>☐ Drugs?</th>
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<th>☐ Yes ☐ No</th>
<th>Operator arrested for Boating Under the Influence?</th>
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<tr>
<th>☐ Yes ☐ No</th>
<th>Weather reports consulted prior to accident?</th>
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</table>

| ☐ Yes ☐ No | |

### 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

### 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 registration # (if any):**

**Other boat name (if any):**

**Phone:** - -

### 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 registration # (if any):**

**Other boat name (if any):**

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

### YOUR BOAT OPERATOR

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<tr>
<th><strong>NAME/ADDRESS</strong></th>
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<th><strong>AGE/GENDER/PHONE</strong></th>
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<td>DOB:</td>
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<td>Age:/</td>
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<td>Gender: ☐ Male ☐ Female</td>
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### YOUR BOAT OWNER

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

<table>
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<th><strong>NAME/ADDRESS/PHONE</strong></th>
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### PERSON SUBMITTING THIS REPORT

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

<table>
<thead>
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<th><strong>NAME/ADDRESS/PHONE/INVOLVEMENT</strong></th>
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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

<table>
<thead>
<tr>
<th>Your Signature:</th>
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<tbody>
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<td>Date:</td>
<td>mm/dd/yy</td>
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