

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*:

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)

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	DAMAGE TO YOUR BOAT
Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> mm/dd/yy	Briefly summarize any damage to <i>your</i> boat with cost estimate:
Time: <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> <input type="checkbox"/> am <input type="checkbox"/> pm (select one)	
WHERE	DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)
Body of water name: <input style="width: 150px;" type="text"/>	Briefly summarize any damage to <i>your</i> other property and estimate cost to repair or replace (not boat):
Location description Decimal Lat/Long if known (on water) <input style="width: 150px;" type="text"/>	
Nearest city/town: <input style="width: 150px;" type="text"/>	
County: <input style="width: 150px;" type="text"/>	
State: <input style="width: 50px;" type="text"/>	
YOUR BOAT - PEOPLE	
# people <i>on board</i> (including operator): <input style="width: 20px;" type="text"/>	
# people <i>being towed</i> (e.g., on tubes, skis): <input style="width: 20px;" type="text"/>	
# people <i>wearing lifejackets</i> (on board or towed): <input style="width: 20px;" type="text"/>	
OTHER BOATS INVOLVED IN ACCIDENT	
# of <i>other</i> boats involved? <input style="width: 20px;" type="text"/>	

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: 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):

<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"/> Rowboat <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Open motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Air boat (e.g., Wave Runner™, Jet Ski™, Sea-Doo™) <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Paddlecraft <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"/> Other Total horsepower: <input type="text"/> hp <input type="checkbox"/> Pod Drive	Fuel type (select all that apply): <input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other
Manufacturer: <input type="text"/>		

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): Yes No

State Agency (Name):

US Coast Guard Auxiliary: Yes No County Agency (Name):

US Power Squadrons: Yes No Other Agency (Name):

# 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

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"/> Commercial | <input type="checkbox"/> Fishing | <input type="checkbox"/> Starting engine |
| <input type="checkbox"/> Cruising (underway under power) | <input type="checkbox"/> Hunting | <input type="checkbox"/> Water skiing/tubing | <input type="checkbox"/> Tied to dock/mooring |
| <input type="checkbox"/> Changing direction | <input type="checkbox"/> Rowing/paddling | <input type="checkbox"/> Being towed | <input type="checkbox"/> Launching |
| <input type="checkbox"/> Changing speed | <input type="checkbox"/> Racing | <input type="checkbox"/> Towing another vessel | <input type="checkbox"/> Docking/undocking |
| <input type="checkbox"/> Drifting | <input type="checkbox"/> At anchor | <input type="checkbox"/> Sailing | <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 (select all that apply):

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

- | | | | | |
|---|---|-----------------------------------|--|--|
| <input type="checkbox"/> Engine | <input type="checkbox"/> Sail/mast | <input type="checkbox"/> Steering | <input type="checkbox"/> Radio | <input type="checkbox"/> Fire extinguisher |
| <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"/> Sound equipment (e.g., horn, whistle) | |
| <input type="checkbox"/> Onboard navigation aids (e.g., GPS, Loran) | <input type="checkbox"/> Other (list): | | | |

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

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:	<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"/>

AGE/GENDER/PHONE

DOB:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
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YOUR BOAT OWNER

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

NAME/ADDRESS/PHONE

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"/>				

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:	<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"/>				
I was a(n) (select one):					
<input type="checkbox"/> Other person on board <i>this</i> boat					
<input type="checkbox"/> Accident witness <i>not</i> on board <i>this</i> boat					
<input type="checkbox"/> Other (describe): <input type="text"/>					

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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