



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*

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: - -

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
PO Box 1325
Forestdale, MA 02644
Phone: (508) 564-4961
Fax: (508) 564-4964

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):

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

people *wearing lifejackets* (on board or towed):

OTHER BOATS INVOLVED IN ACCIDENT

of *other* boats involved?

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):

YOUR BOAT

Your boat name:		Manufacturer:	
Model name:		Model year:	
Registration #:		Documentation #:	
Hull Identification # (HIN):		Rented:	☐ Yes ☐ No

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

Type of hull material (select one):

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

☐ Aluminum
 ☐ Steel
 ☐ Plastic

Boat type (select one): ☐ Cabin motorboat ☐ Inflatable ☐ Canoe ☐ Personal watercraft (PWC) ☐ Open motorboat ☐ Houseboat ☐ Rowboat (e.g., Wave Runner™, ☐ Auxiliary sail ☐ Sail (only) ☐ Air boat Jet Ski™, Sea-Doo™) ☐ Pontoon boat ☐ Kayak ☐ Other (describe):				Available propulsion (select all that apply): ☐ Propeller ☐ Air thrust ☐ Sail ☐ Other (describe): ☐ Manual ☐ Water jet	
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# engines:	Engine type and horsepower (select one): ☐ Outboard ☐ Sterndrive (I/O) ☐ Inboard ☐ None	Fuel type (select all that apply): ☐ Gasoline ☐ Electric ☐ Diesel
Manufacturer: 	Total horsepower: hp	

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):					
☐ US Coast Guard Auxiliary:		VSC Decal? ☐ Yes ☐ No		☐ Federal Agency (Name):	
☐ US Power Squadrons:		VSC Decal? ☐ Yes ☐ No		☐ State Agency (Name):	
				☐ Other Agency (Name):	
# Life jackets on board:		# Fire extinguishers on board:		Type of fire extinguishers (e.g., ABC):	
		# Fire extinguishers used:		Amount of fire extinguisher used:	

Overall weather was (select one): ☐ Clear ☐ Raining ☐ Cloudy ☐ Snowing ☐ Foggy ☐ Hazy ☐ Other (describe):	It was (select one): ☐ Day ☐ Night	Visibility was (select one): ☐ Good ☐ Fair ☐ Poor	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			

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
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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
- ☐ Other (list):
- ☐ Hunting
- ☐ Water Skiing
- ☐ Making repairs
- ☐ White water activity (e.g., rafting)
- ☐ Relaxing

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
- ☐ Other (describe):
- ☐ 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
- ☐ 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 manuever)
- ☐ 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:		MI:		Last:	
Street:					
City:		State:		Zip:	-
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):

Person was wearing lifejacket? ☐ Yes ☐ No
Person received treatment beyond first aid? ☐ Yes ☐ No
Person was 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
☐ Spinal cord injury ☐ Other (describe):
☐ Broken/fractured bone

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

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

DETAILS OF DEATH/DISAPPEARANCE

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):

Nature of death/disappearance (select one):

- ☐ Death - by drowning
☐ Death - other likely cause (describe):
☐ Disappeared and not yet recovered

Person was wearing lifejacket? ☐ Yes ☐ 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 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

Date of Birth:				Age:		Gender:	☐ Male	☐ Female	Phone:		-		-	
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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
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