

DELAWARE FISH & WILDLIFE
NATURAL RESOURCES POLICE
RECREATIONAL BOATING ACCIDENT SELF REPORT FORM

INSTRUCTIONS: Use "Report required because" section below to determine if this report is required for your accident. If required, please have each vessel owner or operator involved in the accident submit a report to Delaware Fish & Wildlife Natural Resources Police, 89 Kings Highway, Dover, Delaware 19901 Attention: Office of Boating Safety and Education. Each boat operator/owner involved in an accident should submit a separate report. For each question below, please provide answers if applicable and if known; otherwise leave blank.

REPORT SUBMISSION

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) **less than \$500:**

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):* _____

To be submitted within:

48 hours *(if injury, disappearance or death)*

10 days *(if boat/property damage only)*

If you need assistance in completing this form, please contact Delaware Fish & Wildlife Natural Resources Police at:

302-739-9915

OR

302-739-9913

For State Agency Use Only

First Name

Last Name

Phone

First Name

Last Name

Phone

Primary Cause of Accident

ACCIDENT SUMMARY

WHEN		ACCIDENT DESCRIPTION: <i>Briefly describe this accident (attach extra pages if necessary)</i>
Date: <i>(mm/dd/yyyy)</i>	Time: am ☐ pm ☐	
WHERE		
Body of water name		DAMAGE TO YOUR BOAT: <i>Briefly summarize any damage to your boat</i>
Location <i>(on water)</i> description		
Nearest city/town		
County:	State:	
YOUR BOAT – PEOPLE		DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT) <i>Briefly summarize any damage to your other property (not boat)</i>
# people on board (including operator)		
# people being towed (e.g., on tubes, skis)		
# people <i>wearing lifejackets</i>		
OTHER BOATS INVOLVED IN ACCIDENT		
# of other boats involved		

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: ☐ Yes ☐ No									

SIZE ESTIMATES

Length: ft.	Depth from transom (stem) to keel point): ft.	in.	Beam width at widest point: ft.
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HULL MATERIAL

Type of Hull Material (select one)

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

BOAT TYPE

Boat Type (select one)										Available Propulsion (select all that apply)									
☐ Cabin Motorboat	☐ Inflatable Boat	☐ Paddlecraft	☐ Personal watercraft (PWC) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)	☐ Propeller	☐ Air thrust														
☐ Open Motorboat	☐ Houseboat	☐ Canoe		☐ Sail	☐ Other (describe):														
☐ Auxiliary Sail	☐ Sail (only)	☐ Kayak	☐ Air Boat	☐ Manual															
☐ Pontoon Boat	☐ Rowboat	☐ Standup Paddleboard	☐ Other (describe)	☐ Water jet															

ENGINE

# Engines		Engine type and horsepower (select one)										Fuel type (select all that apply)									
Manufacturer		☐ Outboard	☐ Sterndrive	☐ Inboard	☐ Pod Drive	☐ Gas	☐ Diesel	☐ Electric													
Total horsepower: hp		☐ No Engine	☐ Other			Other															

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):

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:	

ACCIDENT DETAILS – EXTERNAL CONDITIONS

WEATHER

Overall weather was (select one)				It was (select one)		Visibility was (select one)				Wind was (select one)			
☐ Clear	☐ Raining	☐ Day	☐ Good			☐ 0 mph (none)							
☐ Cloudy	☐ Snowing	☐ Night	☐ Fair			☐ Over 0, up to 12 mph (light)							
☐ Foggy	☐ Hazy		☐ Poor			☐ Over 12, up to 25 mph (moderate)							
☐ Other (describe):		Approximate air temperature: °F				☐ Over 25, up to 55 mph (strong)							
						☐ Over 55 mph (stormy)							

WATER

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

Operator/Passenger activities (select all that apply)

☐ Recreational	☐ Fishing	☐ Tubing	☐ Starting engine
☐ Commercial	☐ 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	☐ Docking/undocking	☐ Tied to dock/mooring
☐ 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	☐ Improper lookout	☐ Dam/lock	☐ Starting in gear
☐ Drug use	☐ Operator inattention	☐ Force of wake/wave	☐ Sharp turn
☐ Excessive speed	☐ Operator inexperience	☐ Hazardous waters	☐ Restricted vision (e.g., fog)
☐ Improper anchoring	☐ Language barrier	☐ Heavy weather	☐ Mission/inadequate aids to navigation (e.g., buoy, daymarker)
☐ Improper loading	☐ Navigation rules violation	☐ Ignition of fuel or vapor	☐ Inadequate on-board navigation lights
☐ Overloading	☐ Failure to vent	☐ Hull failure	☐ People on gunwale, bow 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	☐ Onboard lights	☐ Shift	☐ Sound equipment (e.g., horn,
☐ Electrical system	☐ Seats	☐ Radio	☐ Auxiliary equipment
☐ Fuel system	☐ Steering	☐ Fire extinguisher	☐ Other (list):
☐ Sail/mast	☐ Throttle	☐ Ventilation	
☐ Onboard navigation aids (e.g., GPS)			

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, wake boarder, etc.	☐ Person struck by propeller or propulsion unit
☐ Capsizing	☐ Person left boat voluntarily	☐ Person electrocuted
☐ Grounding	☐ Person ejected from boat (caused by collision or maneuver)	
☐ 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 Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

INJURY DETAILS

Injury caused when person (select all that apply)	Nature of most serious injury (select one)
☐ Struck the (e.g., boat, water):	☐ Scrape/bruise
☐ Was struck by a (e.g. boat, propeller):	☐ Cut
☐ Was exposed to carbon monoxide poisoning	☐ Sprain/strain
☐ Received an electric shock	☐ Concussion/brain injury
☐ Other (describe):	☐ Spinal cord injury
☐ Person was wearing lifejacket?	☐ Broken/fractured bone
☐ Person received treatment beyond first aid?	Body part of most serious injury (e.g., head, trunk, leg):
☐ Person was admitted to a hospital?	

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 Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person (select all that apply)	Nature of death/disappearance (select one)		
☐ Struck the (e.g., boat, water):	☐ Death – by drowning		
☐ Was struck by a (e.g., boat, propeller):	☐ Death – other likely cause (describe)		
☐ Was exposed to carbon monoxide poisoning			
☐ Received an electric shock	☐ Disappeared and not yet recovered		
☐ Other (describe):	☐ Person was wearing lifejacket? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

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

ACCIDENT DETAILS – YOUR BOAT OPERATOR

OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES			
Boating safety instruction completed <i>(select all that apply)</i>		On board, prior to accident, was operator wearing:			
☐ None		A lifejacket?	☐ Yes	☐	☐ No
☐ State course		An engine cut-off switch (lanyard or wireless device) if equipped?	☐ Yes	☐	☐ No
☐ USCG Auxiliary course		On board, prior to accident, was operator using:			
☐ US Power Squadrons course		Alcohol?	☐ Yes	☐	☐ No
☐ Internet <i>(name of sponsoring organization)</i>		Drugs?	☐ Yes	☐	☐ No
☐ Other <i>(describe)</i>		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
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ACCIDENT DETAILS – OTHER KEY PEOPLE

Only report other key people not already documented on this form.
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 Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>	

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 Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>	

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

YOUR BOAT OPERATOR

NAME/ADDRESS

First Name	MI	Last Name
Street		
City	State	Zip

AGE/GENDER/PHONE

Date of Birth (mm/dd/yyyy)	Age	Gender	☐ Male	☐ Female	Phone
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YOUR BOAT OWNER

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

NAME/ADDRESS/PHONE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

PERSON SUBMITTING THIS REPORT

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

NAME/ADDRESS/PHONE/ROLE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

I was a(n) *(select one)*

☐	Other person on board this boat
☐	Accident witness <i>not</i> on board this boat
☐	Other <i>(describe)</i> :

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	Date (mm/dd/yyyy)
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