

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**

<b>WHEN</b>	<b>ACCIDENT DESCRIPTION:</b> <i>Briefly describe this accident (attach extra pages if necessary)</i>
Date: <input type="text"/> (mm/dd/yyyy)      Time: <input type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>	
<b>WHERE</b>	
Body of water name	
Location <i>(on water)</i> description	<b>DAMAGE TO YOUR BOAT:</b> <i>Briefly summarize any damage to your boat</i>
Nearest city/town	
County: <input type="text"/> State: <input type="text"/>	
<b>YOUR BOAT – PEOPLE</b>	<b>DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT)</b> <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>	
<b>OTHER BOATS INVOLVED IN ACCIDENT</b>	
# of other boats involved	



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 <small>(mm/dd/yyyy)</small>	Age

### INJURY DETAILS

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

### DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person <i>(select all that apply)</i>	Nature of death/disappearance <i>(select one)</i>
Struck the <i>(e.g., boat, water)</i> :	Death – by drowning
Was struck by a <i>(e.g., boat, propeller)</i> :	Death – other likely cause <i>(describe)</i>
Was exposed to carbon monoxide poisoning	
Received an electric shock	Disappeared and not yet recovered
Other <i>(describe)</i> :	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		OPERATOR SAFETY MEASURES		
<b>Boating safety instruction completed</b> <i>(select all that apply)</i>		<b>On board, prior to accident, was operator wearing:</b>		
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)*

<input type="checkbox"/>	Other person on board this boat
<input type="checkbox"/>	Accident witness <i>not</i> on board this boat
<input type="checkbox"/>	Other <i>(describe)</i> :

### SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	Date (mm/dd/yyyy)
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