



# 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")**

<p><b>Report required because</b> (select all that apply):</p> <p><input type="checkbox"/> At least one person in this accident <i>died</i>: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> At least one injured person in this accident <i>required or was in need of treatment beyond first aid</i>: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> At least one person in this accident <i>disappeared</i> and has not yet been recovered: If so, how many? <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> All boat and other property <i>damage</i> (e.g., fishing/hunting gear) caused by this accident <i>totaled</i> (or likely totaled) \$500.00 or more: Approximate value of damage to <i>your</i> boat: \$ <input style="width: 100px;" type="text"/> Approximate value of damage to <i>your</i> other property: \$ <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> Your or another <i>boat</i> in this accident was (or likely was) a <i>total loss</i></p> <p><b>Report submitted by</b> (select all that apply):</p> <p><input type="checkbox"/> Boat Operator (required if possible)</p> <p><input type="checkbox"/> Boat Owner (if operator unable, or same as operator)</p> <p><input type="checkbox"/> Other (describe): <input style="width: 300px;" type="text"/></p> <p>First name: <input style="width: 100px;" type="text"/> Last name: <input style="width: 100px;" type="text"/></p> <p>Phone: <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/></p>	<p><b>To be submitted within:</b> 48 hours (if injury, disappearance or death) 5 days (if boat/property <i>damage only</i>)</p> <p><b>To be submitted by mail or fax to:</b></p> <p>MASSACHUSETTS ENVIRONMENTAL POLICE BOAT AND RECREATION VEHICLE SAFETY BUREAU PO Box 1325 Forestdale, MA 02644 Phone: (508) 564-4961 Fax: (508) 564-4964</p>
<p><b>For State Agency Use Only</b></p>	
<p>Agency: <input style="width: 100%;" type="text"/></p> <p>First name: <input style="width: 100%;" type="text"/></p> <p>Last name: <input style="width: 100%;" type="text"/></p> <p>Phone: <input style="width: 100%;" type="text"/></p> <p>Case #: <input style="width: 100%;" type="text"/></p> <p>Bard #: <input style="width: 100%;" type="text"/></p>	

### ACCIDENT SUMMARY

<p><b>WHEN</b></p> <p>Date: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> mm/dd/yy</p> <p>Time: <input style="width: 50px;" type="text"/> : <input style="width: 50px;" type="text"/> <input type="radio"/> am <input type="radio"/> pm (select one)</p> <p><b>WHERE</b></p> <p>Body of water name: <input style="width: 100%;" type="text"/></p> <p>Location (on water) description: <input style="width: 100%;" type="text"/></p> <p>Nearest city/town: <input style="width: 100%;" type="text"/></p> <p>County: <input style="width: 100%;" type="text"/></p> <p>State: <input style="width: 50px;" type="text"/></p> <p><b>YOUR BOAT - PEOPLE</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td># people <i>on board</i> (including operator):</td> <td style="width: 50px; text-align: center;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td># people <i>being towed</i> (e.g., on tubes, skis):</td> <td style="text-align: center;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td># people <i>wearing lifejackets</i> (on board or towed):</td> <td style="text-align: center;"><input style="width: 90%;" type="text"/></td> </tr> </table> <p><b>OTHER BOATS INVOLVED IN ACCIDENT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td># of <i>other</i> boats involved?</td> <td style="width: 50px; text-align: center;"><input style="width: 90%;" type="text"/></td> </tr> </table>	# people <i>on board</i> (including operator):	<input style="width: 90%;" type="text"/>	# people <i>being towed</i> (e.g., on tubes, skis):	<input style="width: 90%;" type="text"/>	# people <i>wearing lifejackets</i> (on board or towed):	<input style="width: 90%;" type="text"/>	# of <i>other</i> boats involved?	<input style="width: 90%;" type="text"/>	<p><b>ACCIDENT DESCRIPTION</b></p> <p>Briefly describe this accident (attach extra pages if necessary):</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>DAMAGE TO YOUR BOAT</b></p> <p>Briefly summarize any damage to <i>your</i> boat:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)</b></p> <p>Briefly summarize any damage to <i>your</i> other property (not boat):</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
# people <i>on board</i> (including operator):	<input style="width: 90%;" type="text"/>								
# people <i>being towed</i> (e.g., on tubes, skis):	<input style="width: 90%;" type="text"/>								
# people <i>wearing lifejackets</i> (on board or towed):	<input style="width: 90%;" type="text"/>								
# of <i>other</i> boats involved?	<input style="width: 90%;" type="text"/>								

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 (stern) to keel (bottommost point):  ft.  in. Beam width at widest point:  ft.

### HULL MATERIAL

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

### BOAT TYPE

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

### ENGINE

# engines:  Engine type and horsepower (select one):  
 Outboard  Sterndrive (I/O)  Inboard  None  
 Total horsepower:  hp  
 Fuel type (select all that apply):  
 Gasoline  Electric  
 Diesel

### 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):  
 Federal Agency (Name):   
 US Coast Guard Auxiliary: VSC Decal?  Yes  No  State Agency (Name):   
 US Power Squadrons: VSC Decal?  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="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Snowing <input type="radio"/> Foggy <input type="radio"/> Hazy <input type="radio"/> Other (describe): <input type="text"/>	It was (select one): <input type="radio"/> Day <input type="radio"/> Night	Visibility was (select one): <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	Wind was (select one): <input type="radio"/> 0 mph (none) <input type="radio"/> Over 0, up to 12 mph (light) <input type="radio"/> Over 12, up to 25 mph (moderate) <input type="radio"/> Over 25, up to 55 mph (strong) <input type="radio"/> Over 55 mph (stormy)
Approximate air temperature: <input type="text"/> °F			

### WATER

Overall water conditions (select one): <input type="radio"/> Up to 6 in. waves (calm) <input type="radio"/> Over 6 in., up to 2 ft. waves (choppy) <input type="radio"/> Over 2 ft., up to 6 ft waves (rough) <input type="radio"/> Over 6 ft. waves (very rough)	Other water conditions: Approximate water temperature: <input type="text"/> °F Strong current? <input type="radio"/> Yes <input type="radio"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="radio"/> Yes <input type="radio"/> No Congested waters? <input type="radio"/> Yes <input type="radio"/> 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 aids to navigation (e.g., buoy, daymarker)
- Excessive speed
- Language barrier
- Hull failure
- Ignition of fuel or vapor
- Inadequate on-board navigation lights
- Improper anchoring
- Navigation rules violation
- Starting in gear
- People on gunwale, bow or transom
- Improper loading
- Failure to vent
- Sharp turn
- Overloading
- Dam/lock
- Force of wake/wave
- 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
- 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
- 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
- Other (describe):
- 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

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):

**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

Person was wearing lifejacket?  Yes  No

Person received treatment beyond first aid?  Yes  No

Person was admitted to a hospital?  Yes  No

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 10, up to 100 hours
- Over 100, up to 500 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:	<input type="text"/>	MI:	<input type="checkbox"/>	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

Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="radio"/> Male	<input type="radio"/> 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="checkbox"/>	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/ROLE

First:	<input type="text"/>	MI:	<input type="checkbox"/>	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):

- Other person on board *this* boat
- Accident witness *not* on board *this* boat
- Other (describe):

### 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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