



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

Division of Law Enforcement
235 Promenade Street, Room 250
Providence, RI 02908

401-222-3070
Fax 401-222-6823
Telecommunication for Hearing Impaired 711

INSTRUCTIONS FOR COMPLETING THE RHODE ISLAND BOATING ACCIDENT REPORT

Rhode Island boating accident report must be filled out by the owner/operator of any vessel that is involved in a boating accident on the inland waters and the coastal waters contiguous to this state that meets the following criteria:

1. Loss of life or disappearance from a vessel.
2. Injury to any person that requires medical treatment beyond ordinary first aid. (if you go to the emergency room or call a rescue, it is beyond first aid)
3. Property damage in excess of \$2000.00 (combined damage to both vessels if more than one vessel involved)
4. Complete loss of a vessel.

Reportable accidents must be submitted within five (5) days after the incident on forms provided by the department.

Accidents must be reported to the State Authorities where the accident occurred.

If more than one vessel is involved the **owner/operator of all vessels** must fill out and file a boating accident report.

When filling out a boating accident report, insure that **all** of the blocks are filled out completely.

1. Most information about your boat can be found on the registration card.
2. Both, the operator and the owner information is required to be completed.
3. Addresses should be complete including zip codes.
4. Damage estimates **MUST** be filled out. (Best guess estimate is acceptable and changed as information is received).
5. Accident description should be as clear and accurate as possible. Diagrams and description can be continued on additional sheets if necessary. Include any information as to the involvement of alcohol or drugs in the cause or contributing to the accident. Include any descriptive information about the use of lifejackets (PFD's) that may have contributed to the survival or assistance to anyone involved.
6. To submit form electronically, follow instructions on the form. If you are having difficulty submitting this form, it is recommended that you save this form to your computer or other electronic device prior to submitting.
7. To submit printed forms, please mail to:

Department of Environmental Management
Division of Law Enforcement
235 Promenade Street, Room 250
Providence, RI 02908
Attention: Boating Accident

If you have any difficulty with/or questions regarding the BOATING ACCIDENT FORM, you may call this office at (401) 222-3070 during normal business hours and your call will be referred to an Environmental Police Officer for assistance.



BOATING ACCIDENT REPORT

State of Rhode Island and Providence Plantations
Department of Environmental Management
Division of Law Enforcement
Environmental Police

235 Promenade Street, Room 250
Providence, RI 02908
(401) 222-2284

RIGL 46-22-21 requires that any operator or owner of a vessel involved in an accident which results in death, personal injury beyond first aid, or damage to the vessel(s) and/or property that exceeds \$2000.00 must report the accident IMMEDIATELY to Rhode Island Environmental Police, USCG or local authorities. **RIGL 46-22-5(j)/Rule14(2)** requires that any operator or owner of a vessel involved in an accident which results in death, personal injury beyond first aid, or damage to the vessel(s) and/or property that exceeds \$2000.00 must submit a BOATING ACCIDENT REPORT to the Rhode Island Environmental Police within five (5) days of the accident.

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER	LOCATION (GIVE LOCATION PRECISELY)
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NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN	COUNTY	STATE	ZIP CODE
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WEATHER (check all applicable) <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY	WEATHER REPORTS CONSULTED PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER CONDITIONS <input type="checkbox"/> CALM WAVES (LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6") <input type="checkbox"/> STRONG BURRENT	TEMPERATURE (ESTIMATE) AIR _____°F WATER _____°F	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 MPH) <input type="checkbox"/> MODERATE (7-11 MPG) <input type="checkbox"/> STRONG (5-25 MPH) <input type="checkbox"/> STORM (OVER 25 MPH)	VISIBILITY <table style="width: 100%;"> <tr> <td style="width: 50%;">DAY</td> <td style="width: 50%;">NIGHT</td> </tr> <tr> <td><input type="checkbox"/> GOOD</td> <td><input type="checkbox"/> GOOD</td> </tr> <tr> <td><input type="checkbox"/> FAIR</td> <td><input type="checkbox"/> FAIR</td> </tr> <tr> <td><input type="checkbox"/> POOR</td> <td><input type="checkbox"/> POOR</td> </tr> </table>	DAY	NIGHT	<input type="checkbox"/> GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> POOR
DAY	NIGHT												
<input type="checkbox"/> GOOD	<input type="checkbox"/> GOOD												
<input type="checkbox"/> FAIR	<input type="checkbox"/> FAIR												
<input type="checkbox"/> POOR	<input type="checkbox"/> POOR												

NAME OF OPERATOR	OPERATOR ADDRESS
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DATE OF BIRTH MO DAY YR	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANS <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	OPERATOR EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 100 HOURS <input type="checkbox"/> 100 HOURS OR MORE	BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> NONE	INSTRUCTION <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> OTHER
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NAME OF OWNER	OWNER ADDRESS
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OWNER TELEPHONE NUMBER ()	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BOAT NO. 1 (THIS VESSEL)

BOAT REGISTRATION OR DOCUMENTATION NUMBER	BOAT MANUFACTURER	MODEL	HULL IDENTIFICATION NUMBER	BOAT LENGTH
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TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTOR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> ROWBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> INFLATABLE BOAT <input type="checkbox"/> AIR BOAT <input type="checkbox"/> PADDLEBOAT <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> OTHER (specify) _____	HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER (specify) _____	ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD/ STERNDRIVE <input type="checkbox"/> POD DRIVE <input type="checkbox"/> OTHER (specify) _____	FIRE EXTINGUISHERS # OF FIRE EXTINGUISHERS ON BOARD: # OF FIRE EXTINGUISHERS USED: TYPE OF FIRE EXTINGUISHER (e.g., ABC): AMOUNT OF FIRE EXTINGUISHERS USED: FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (specify) _____	BOAT NAME <table style="width: 100%;"> <tr> <td style="width: 50%;">YEAR BUILT</td> <td style="width: 50%;">STATE</td> </tr> </table> PERSONAL FLOTATION DEVICES (LIFE JACKETS) WAS BOAT ADEQUATELY EQUIPPED WITH CG APPROVED LIFE JACKETS? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THE LIFE JACKETS WORN PRIOR TO THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THE LIFE JACKETS WORN AS A RESULT OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR BUILT	STATE
YEAR BUILT	STATE					

DEPTH FROM TRANSOM (STERN) TO KEEL (BOTTOMMOST POINT): _____ ft. _____ in.	COMMERCIAL VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
BEAM WIDTH AT WIDEST POINT: _____ ft. _____ in.	

OPERATION AT TIME OF ACCIDENT (check all applicable) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> DRIFTING <input type="checkbox"/> TOWING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING/UNDOCKING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK/MOORING <input type="checkbox"/> OTHER (specify) _____ <input type="checkbox"/> COMMERCIAL OPERATION	ACTIVITY AT TIME OF ACCIDENT (check any if applicable) <input type="checkbox"/> FISHING <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> HUNTING <input type="checkbox"/> SWIMMING/DIVING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> WATERSKIING/TUBING/ETC. <input type="checkbox"/> RACING <input type="checkbox"/> WHITEWATER SPORTS <input type="checkbox"/> FUELING <input type="checkbox"/> STARTING ENGINE (S) <input type="checkbox"/> NON-RECREATIONAL <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> OTHER (specify) _____	TYPE OF ACCIDENT <input type="checkbox"/> GROUNDING <input type="checkbox"/> CAPSIZING <input type="checkbox"/> FLOOD/SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> FIRE OR EXPLOSION (FUEL) <input type="checkbox"/> FIRE OR EXPLOSION (OTHER) <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FALLS IN BOAT <input type="checkbox"/> STRUCK BY BOAT <input type="checkbox"/> STRUCK BY MOTOR/PROPELLER <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> OTHER (specify) _____	WHAT CONTRIBUTED TO THE ACCIDENT? (check all applicable) <input type="checkbox"/> WEATHER <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IMPROPER LOOKOUT <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> DRUG USE <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER/SKIER BEHAVIOR <input type="checkbox"/> DAM/LOCK SAFETY <input type="checkbox"/> OTHER (specify) _____
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ESTIMATED SPEED	
<input type="checkbox"/> NONE	<input type="checkbox"/> 10-20 MPH <input type="checkbox"/> OVER 40 MPH
<input type="checkbox"/> UNDER 10 MPH	<input type="checkbox"/> 21-40 MPH

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)

NAME OF VICTIM		ADDRESS OF VICTIM		WAS LIFE JACKET WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> TRANS <input type="checkbox"/> OTHER		DEATH CAUSED BY <input type="checkbox"/> DROWNING <input type="checkbox"/> OTHER <input type="checkbox"/> DISAPPEARANCE		

NAME OF VICTIM		ADDRESS OF VICTIM		WAS LIFE JACKET WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> TRANS <input type="checkbox"/> OTHER		DEATH CAUSED BY <input type="checkbox"/> DROWNING <input type="checkbox"/> OTHER <input type="checkbox"/> DISAPPEARANCE		

INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)

NAME OF VICTIM		ADDRESS OF VICTIM		DATE OF BIRTH	
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE INJURIES			
ADMITTED TO THE HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AS A RESULT OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				WAS IT INFLATEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF VICTIM		ADDRESS OF VICTIM		DATE OF BIRTH	
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE INJURIES			
ADMITTED TO THE HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PRIOR TO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AS A RESULT OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				WAS IT INFLATEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)

NAME OF OPERATOR		OPERATOR ADDRESS		OPERATOR TELEPHONE NUMBER ()	
NAME OF OWNER		OWNER ADDRESS		OWNER TELEPHONE NUMBER ()	
BOAT REGISTRATION OR DOCUMENTATION NUMBER				STATE	

PROPERTY DAMAGE

ESTIMATED AMOUNT (USE BEST GUESS IF FORMAL ESTIMATE NOT AVAILABLE)	THIS BOAT AND CONTENTS \$	OTHER BOAT AND CONTENTS \$	OTHER PROPERTY \$
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DESCRIBE PROPERTY DAMAGE

SPECIFY "EQUIPMENT FAILURE"

- | | | |
|--|---|---|
| <input type="checkbox"/> AUXILIARY EQUIPMENT FAILURE | <input type="checkbox"/> ONBOARD NAVIGATION AIDS (e.g., GPS, Loran) | <input type="checkbox"/> VENTILATION SYSTEM FAILURE |
| <input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE | <input type="checkbox"/> ELECTRICAL SYSTEM FAILURE | <input type="checkbox"/> RADIO |
| <input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE | <input type="checkbox"/> ENGINE FAILURE | <input type="checkbox"/> ONBOARD LIGHTS |
| <input type="checkbox"/> SAIL DISMASTING | <input type="checkbox"/> FUEL SYSTEM FAILURE | |
| <input type="checkbox"/> SEAT BROKE LOOSE | <input type="checkbox"/> SHIFT FAILURE | |
| <input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE | <input type="checkbox"/> STEERING SYSTEM FAILURE | |
| <input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED | <input type="checkbox"/> THROTTLE FAILURE | |

WITNESS NOT ON THIS VESSEL

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER ()

PERSON COMPLETING THIS REPORT

NAME	ADDRESS	TELEPHONE NUMBER ()
SIGNATURE	QUALIFICATION <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER	DATE SUBMITTED

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS, INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. IF NEEDED CONTINUE ON ADDITIONAL PAGE BELOW. IF NECESSARY, INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF LIFE JACKETS.

FOR AGENCY USE ONLY

CAUSES BASED ON (check one) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER			
NAME OF REVIEWING OFFICER	DATE RECEIVED	<input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-REPORTABLE	
PRIMARY CAUSE		SECONDARY CAUSE	

