Accident and incident report

Date of accident/incident dd/mm/yy Time of accident/incident Enter time Location Enter location

Accident/incident Enter short summary of accident/incident here

Reported to Maritime New Zealand? Yes ☐ No ☐ Reported to Harbour Master? Yes ☐ No ☐

Environmental conditions at time of accident/incident *(tick all that apply)*

Visibility	Good	☐	Fair	☐	Poor	☐		
	Rain	☐	Sun strike	☐	Fog	☐		
	Dark	☐	Smoke	☐				
State of water	Calm	☐	Rippled	☐	Smooth	☐	Slight	☐
	Moderate	☐	Rough	☐	Very rough	☐		
Wind	Direction	ie. North, south-east, etc.			Speed	Enter speed in knots		

Personal details

Name of owner Enter name here

Address of owner Enter address here

Contact details Home phone here Mobile phone here

Skipper/crew/vessel details (at time of accident/incident)

Name of skipper Enter name here

Name of crew onboard Enter all names here

MNZ# Enter number here

Description of vessel Ie. Name, colour, make and model, engine detail – send photo with report

Accident/incident details

Were there any injuries? Yes ☐ No ☐ If yes, how many? Enter number injured

Brief description of accident/incident

Click here to enter text

Choose an event that best describes what happened

Capsize	☐	Explosion	☐	Mooring line failure	☐	Extreme vessel movement	☐
Collision	☐	Person overboard	☐	Flooded	☐	Propeller entangled	☐
Dragged anchor	☐	Grounding	☐	Propulsion failure	☐	Electrical power failure	☐
Hit submerged object	☐	Lifting/cargo gear failure	☐	Steering gear failure	☐	Equipment failure	☐
Structural failure	☐	Fire	☐	Oil spill	☐	Chemicals or harmful substance spill	☐

Were there any other vessels involved? Yes ☐ No ☐

If yes, description of vessel Ie. Name, colour, make and model, engine detail

If yes, please supply contact details Enter name here Enter phone number here

Enter address here

Detailed description of events that took place
(send photo with report)

Click here to enter text

Signature .....

Date .....