

## Accident Investigation

## COMMERCIAL VESSEL – ACCIDENT OR INCIDENT REPORT – MAR AI 4

Date of accident: /	/	ime of accident:		am/pm					
Was oil of other hazardous or noxious substance spilt or lost as a result?  O Yes O No									
Ship/Vessel details		Owne	Owner details						
Ship's name:			Owner's name:						
MSA number:		Addres	Address:						
IMO number (if applicable):		Phone	Phone number:						
Overall length:									
Gross tonnage (if applicable):		Email:	Email:						
Port of registry:	Flag: Contact person ashore & phone number:								
Safety system: O ISM O SSM	O SOP								
Certificate issue date: /	/	NZ agent & phone number:							
SSM company or class society:									
Master/Skipper details									
Full Name:	Residential address:								
Phone number (home/cell): Email:									
Ethnicity: (for statistical purposes)	O NZ European	O Maori	O Samoan	O Cook Island Maori					
O Tongan O Nieuan	O Chinese	O Indian	O Other (please s	ease specify):					
Accident location									
O At sea (specify geographic location and/or latitude & longitude):									
O In port or at anchor (specify where):									
Type of accident/incident									
O Grounding	O Fire	0 (	Collision	O Explosion					
O Capsize	O Foundering	0 1	looding	O Structural failure					
O Machinery failure	O Cargo Shift	0 1	ifting/cargo gear failure	O Near Miss/close quarters					
O Other (specify):									
Injuries (Please complete one injury form number MAR AI 2 for each person injured, deceased or missing)									
Number Injured:	Number of Fatalities:		Number missing:						



Weather foreca	ast area									
O Abel	O Brett	O Castlepoint	O Chalmers	O Colville		O Conway				
O Cook	O Foveaux	O Grey	O Kaipara	O Milford		O Plenty				
O Portland	O Puysegur	O Rangitata	O Raglan	O St	ephens					
O At Sea	O Lake	O River								
Vessel type										
O Fishing	O Passenger	O Non-passenger	O Other (specify):							
Vessel category at the time of the accident										
Select and print the appropriate 4-digit code from the Information Sheet (Form MAR AI 1):										
Propulsion at time of accident										
O Power	O Sail	O Manual	O Made fast to wharf	O Drifting	O At anchor					
Certified operating	limit									
O Unlimited	O Offshore	O Coastal	O Restricted coastal	O Inshore	O Enclosed					
Operating limit in w	hich accident occur	red								
O Unlimited	O Offshore	O Coastal	O Restricted COASTAL	O Inshore	O Enclosed					
Describe what happened prior to and at the time of the accident.  (Please include a diagram and photos where possible. Continue on separate sheet(s) if necessary)										
What, in your opinion	on, contributed to th	e accident?								
What is being done	e to prevent a re-occ	urrence, and what a	re the lessons learned?							
Signature:			Date:	/	/					
Name (printed):			Position:							