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# Accident Investigation

**RECREATIONAL VESSEL – ACCIDENT OR INCIDENT REPORT** – MAR AI 5 To be used for all recreational craft except kayaks, rafts and jetboats. Specialist forms are available for these craft from www.maritimenz.govt.n Date of accident: / / Time of accident: am/pm Geographic location (distance and bearing from reference point) OR Latitude/Longitude: Type of location (tick all that apply): O Estuary O Sand bar O 1 to 5 miles off coast O River O Within harbour O Breaker zone O Over 5 miles from coast O Lake O Harbour bar O Breaker zone to 1 mile off coast O Offshore rock or island O Other inland waterway Type of accident/incident O Grounding O Engine failure O Structural failure O Flooding/Swamping O Person overboard O Explosion O Out of fuel O Collision O Sinking O Close quarters situation O Fire O Stranding O Machinery failure O Capsize O Other (specify): O Total loss What was the extent of damage to your boat? O Nil O Slight O Serious If the boat was swamped or capsized, did it: O Sink O Float bow up O Float level (either way up) O Other (specify): Injuries (Please complete one injury from number MAR Al 3 for each person injured, deceased or missing Number injured: Number of fatalities: Number missing: Skipper details OF Full name: Age (yrs): Sex: ОМ Address: Phone: Cellphone: O Cook Island Maori Ethnicity: (for statistical purposes) O NZ European O Maori O Samoan O Tongan O Nieuan O Chinese O Indian O Other (specify): Boating qualification held? O No O Yes - State name of certificate: Year certificate obtained: Approximately how often do you go boating? Summer O Weekly or more O 2-3 times per month O Monthly O Occasionally O Hardly ever/never Winter O Weekly or more O 2-3 times per month O Occasionally O Hardly ever/never O Monthly Experience: Total years boating (yrs): With this boat (yrs):

Experience with sea/weather conditions at time of accident/incident:

O None/very little

O Some

O A lot



### Your boat details

Boat name: Boat number on board (includes Skipper):		Overall boat length (m):	Boat age (yrs): Children (under 12 yrs):	
		Adults (12 yrs and over):		
Boat speed at time of a	ccident or incident:	Knots:	Or kmph:	
Boat Type	Propulsion		Equipment Carried	
O Dinghy	O Outboard motor	O Inboard motor	O Cellphone	O Cellphone
O Trailer power boat	O Sail	O Oars/paddle	(protected from water)	(not protected)
O Motor launch	O Other (specify)		O EPIRB type 406	O EPIRB type 121
O Trailer yacht	Alternative propulsion carried O No O Yes (specify):		O Marine VHF radio	O Flares
O Keel yacht			O Fixed	O Chart(s)
O PWC	Construction		O Handheld	O GPS
O RIB	O Wood	O Aluminium O GRP/Fibreglass	O Torch	O Rope
O Inflatable	O Steel	O Rubber/Synthetic	O Compass	O Spare fuel
O Other (specify):	O Other (specify):		O Depth sounder	O Tool kit
	Sail Number:		<ul> <li>O Bailer or bilge pump</li> </ul>	O Fire extinguisher
	Radio call sign:		<ul> <li>O First aid kit</li> </ul>	O Anchor

## Other boat details (if applicable)

Please record any details you can provide. These may be useful if Maritime New Zealand wishes to contact the other Skipper.

Boat name:				
Boat type:	Boat color:			
Owner/Skipper Name:	Phone Number:			
Address:				
Damage to other boat:				
Any other details you consider useful (eg sail number, radio call sign, car or trailer registration number):				

## Boat use at time of accident or incident

#### Boat operation

- O Docked/moored
- O Berthing/leaving dock
- O Launching
- O Landing
- O Anchored

O Changing speed O Changing direction

O Moving in straight line

- O Drifting
- O Other (specify):

## Activity

- O Pleasure boating
  O Net fishing
  O Racing
  O Water skiing/tubing
  O Starting engine
- O Line fishing
- O Diving
- O Fueling
- O Repairs
- O Other (specify):



# Personal flotation devices (PFDs)

#### How many carried?

Lifejackets:	Adult (12 yrs and over):		Child (under 12 yrs):
Buoyancy vests:	Adult:		Child:
Inflatable lifejackets:	Adult (12 yrs and over):		Child:
How many worn prior to accident/incident?:		Adult:	Child:
How many worn after accident/incident?:		Adult:	Child:

## Environment

Weather	Wave conditions	Wind (average)	Weather forecast
O Clear	O Calm (under 20cm)	O None	O No forecast obtained
O Overcast	O Choppy (20cm – 1m)	O Light (4 – 10 knots)	O General forecast obtained
O Squalls	O Rough (1m – 3m)	O Moderate (11 – 27 knots)	O Marine forecast obtained
O Drizzle	O Very rough (3m – 5m)	O Near Gale (28 – 33 knots)	Where was the forecast obtained?
O Rain	O High (over 5m)	O Strong gale (over 40 knots)	O VHF/marine radio
O Haze/Fog	O Strong current or tidal conditions	Wind gust speed:	O Newspaper
			O TV
			O Launch ramp
Visibility	Tide	Other boat	O Internet
O Day O Night	O Flood (coming in)	O No other boat involved	O AM/FM radio
O Good	O Ebb (going out)	O Caused me to change my boat's direction	O MetPhone
O Fair	O Slack	O Caused me to change my boat's speed	O Other (specify):
O Poor	Rate of tide/current:	O Its wake affected my boat	When was the latest forecast obtained?
			Day:
			Time: am/pm

# Accident description

Memory jogger

Describe what happened at the time of the accident or incident

#### The more complete your description the more useful it will be. Please consider the following:

- What was the sequence of events?
- What were you doing, looking at, thinking as the accident/incident developed?
- What did others do?
- What role did the sea or other environmental conditions play?
- What role did the boat and equipment play?

Sometimes what happens before the accident or incident plays a part in it. What might this have been in this accident or incident? eg equipment not checked; did not seek shelter early enough.

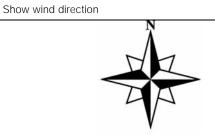
(Continue on separate page(s) if necessary



# Diagram

Show all factors that affected the accident/incident. These can include:

Movement of all boats (direction, speed)



Position of rocks and land

Wave and current strength and direction

What follow-up would you request of Maritime New Zealand regarding this accident?

Signature of Skipper:

/ / Date: