
Your boat details

Boat name:	Overall boat length (m):	Boat age (yrs):
Boat number on board (includes Skipper):	Adults (12 yrs and over):	Children (under 12 yrs):
Boat speed at time of accident or incident:	Knots:	Or kmph:

Boat Type	Propulsion	Equipment Carried	
<input type="radio"/> Dinghy	<input type="radio"/> Outboard motor <input type="radio"/> Inboard motor	<input type="radio"/> Cellphone (protected from water)	<input type="radio"/> Cellphone (not protected)
<input type="radio"/> Trailer power boat	<input type="radio"/> Sail <input type="radio"/> Oars/paddle	<input type="radio"/> EPIRB type 406	<input type="radio"/> EPIRB type 121
<input type="radio"/> Motor launch	<input type="radio"/> Other (specify): _____	<input type="radio"/> Marine VHF radio	<input type="radio"/> Flares
<input type="radio"/> Trailer yacht	Alternative propulsion carried	<input type="radio"/> Fixed	<input type="radio"/> Chart(s)
<input type="radio"/> Keel yacht	<input type="radio"/> No <input type="radio"/> Yes (specify): _____	<input type="radio"/> Handheld	<input type="radio"/> GPS
<input type="radio"/> PWC	Construction	<input type="radio"/> Torch	<input type="radio"/> Rope
<input type="radio"/> RIB	<input type="radio"/> Wood <input type="radio"/> Aluminium <input type="radio"/> GRP/Fibreglass	<input type="radio"/> Compass	<input type="radio"/> Spare fuel
<input type="radio"/> Inflatable	<input type="radio"/> Steel <input type="radio"/> Rubber/Synthetic	<input type="radio"/> Depth sounder	<input type="radio"/> Tool kit
<input type="radio"/> Other (specify): _____	<input type="radio"/> Other (specify): _____	<input type="radio"/> Bailer or bilge pump	<input type="radio"/> Fire extinguisher
	Sail Number: _____	<input type="radio"/> First aid kit	<input type="radio"/> Anchor
	Radio call sign: _____		

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: _____
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Owner/Skipper

Name: _____	Phone Number: _____
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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	Activity	Activity	Activity
<input type="radio"/> Docked/moored	<input type="radio"/> Moving in straight line	<input type="radio"/> Pleasure boating	<input type="radio"/> Line fishing
<input type="radio"/> Berthing/leaving dock	<input type="radio"/> Changing speed	<input type="radio"/> Net fishing	<input type="radio"/> Diving
<input type="radio"/> Launching	<input type="radio"/> Changing direction	<input type="radio"/> Racing	<input type="radio"/> Fueling
<input type="radio"/> Landing	<input type="radio"/> Drifting	<input type="radio"/> Water skiing/tubing	<input type="radio"/> Repairs
<input type="radio"/> Anchored	<input type="radio"/> Other (specify): _____	<input type="radio"/> Starting engine	<input type="radio"/> 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 <input type="radio"/> Clear <input type="radio"/> Overcast <input type="radio"/> Squalls <input type="radio"/> Drizzle <input type="radio"/> Rain <input type="radio"/> Haze/Fog	Wave conditions <input type="radio"/> Calm (under 20cm) <input type="radio"/> Choppy (20cm – 1m) <input type="radio"/> Rough (1m – 3m) <input type="radio"/> Very rough (3m – 5m) <input type="radio"/> High (over 5m) <input type="radio"/> Strong current or tidal conditions	Wind (average) <input type="radio"/> None <input type="radio"/> Light (4 – 10 knots) <input type="radio"/> Moderate (11 – 27 knots) <input type="radio"/> Near Gale (28 – 33 knots) <input type="radio"/> Strong gale (over 40 knots) Wind gust speed:	Weather forecast <input type="radio"/> No forecast obtained <input type="radio"/> General forecast obtained <input type="radio"/> Marine forecast obtained <i>Where was the forecast obtained?</i> <input type="radio"/> VHF/marine radio <input type="radio"/> Newspaper <input type="radio"/> TV <input type="radio"/> Launch ramp <input type="radio"/> Internet <input type="radio"/> AM/FM radio <input type="radio"/> MetPhone <input type="radio"/> Other (specify): <i>When was the latest forecast obtained?</i> Day: Time: _____ am/pm
Visibility <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	Tide <input type="radio"/> Flood (coming in) <input type="radio"/> Ebb (going out) <input type="radio"/> Slack Rate of tide/current:	Other boat <input type="radio"/> No other boat involved <input type="radio"/> Caused me to change my boat's direction <input type="radio"/> Caused me to change my boat's speed <input type="radio"/> Its wake affected my boat	

Accident description

Describe what happened at the time of the accident or incident

Memory jogger

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

Show wind direction



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

Signature of Skipper:

Date: / /
