

# ACCIDENT & INCIDENT REPORT

FOR EVENTS INVOLVING KAYAKS/CANOES AND POWERED CRAFT  
(NZRCA approved simplified version of MSA 12307)

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**Date of accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Type of accident:**     Collision     Capsize     Flooding/Swamping  
                           Grounding     Sinking     Near Collision  
                           Other

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**Type of Powered Craft:** \_\_\_\_\_ **Commercial/Private** (circle)

**Name/Description of Powered Craft:** \_\_\_\_\_

**Name/Address of owner of Powered Craft (if known):** \_\_\_\_\_

**No. of kayaks/canoes involved:** \_\_\_\_\_ **Grade of River:** \_\_\_\_\_

**Details of injuries :** (if any)  
-give names of injured

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**Full description of Accident:** (continue overleaf if required)

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**Name of reporting person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please make two copies of this report. Keep one for your records and send one to NZRCA, 2 Kruse Place, CHRISTCHURCH 5 and send **ORIGINAL** to

**Maritime Safety Authority of NZ**  
**P.O. Box 27-006, WELLINGTON**  
**Ph 04-473 0111**