

ACCIDENT & INCIDENT REPORT

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

Date of accident: _____ **Time:** _____ **Location:** _____

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

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

Full description of Accident: (continue overleaf if required)

Name of reporting person: _____ **Address:** _____

Phone No: _____

Signed: _____ **Date:** _____

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