

# Report an injury

## Injured person

For each injured person, fill out a copy of this form

Vessel Name

Injured Name

Address

Phone number

Estimated age (years)

- |                             |                             |                                   |
|-----------------------------|-----------------------------|-----------------------------------|
| <input type="radio"/> 0–4   | <input type="radio"/> 15–19 | <input type="radio"/> 35–44       |
| <input type="radio"/> 5–9   | <input type="radio"/> 20–24 | <input type="radio"/> 45–64       |
| <input type="radio"/> 10–14 | <input type="radio"/> 25–34 | <input type="radio"/> 65 and over |

Gender

- Male  Female

Ethnicity

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="radio"/> NZ/European     | <input type="radio"/> Asian          | <input type="radio"/> Nth or Sth American |
| <input type="radio"/> Māori           | <input type="radio"/> African        | <input type="radio"/> other               |
| <input type="radio"/> Pacific peoples | <input type="radio"/> Middle Eastern |   |

Type of injury sustained

- |  |   |
|--|---|
| <input type="radio"/> amputation                       | <input type="radio"/> eye injury                      |
| <input type="radio"/> asphyxia                         | <input type="radio"/> foreign body                    |
| <input type="radio"/> bruising                         | <input type="radio"/> hypothermia                     |
| <input type="radio"/> burns                            | <input type="radio"/> internal injury                 |
| <input type="radio"/> cold water immersion             | <input type="radio"/> open wound / puncture wound     |
| <input type="radio"/> crushing                         | <input type="radio"/> poisoning / toxic effect        |
| <input type="radio"/> damage to nerves or spinal chord | <input type="radio"/> spinal fracture                 |
| <input type="radio"/> dislocation                      | <input type="radio"/> sprains / strains / muscle tear |
| <input type="radio"/> drowning                         | <input type="radio"/> superficial injury              |
| <input type="radio"/> electric shock                   |   |

Which part of their body received injuries?

- |                                |                             |                                   |
|--------------------------------|-----------------------------|-----------------------------------|
| <input type="radio"/> feet     | <input type="radio"/> legs  | <input type="radio"/> pelvic area |
| <input type="radio"/> hands    | <input type="radio"/> neck  | <input type="radio"/> shoulder    |
| <input type="radio"/> head     | <input type="radio"/> arms  | <input type="radio"/> back        |
| <input type="radio"/> internal | <input type="radio"/> torso | <input type="radio"/> other       |
- 

How did the injury happen?

- |   |   |
|---|---|
| <input type="radio"/> slip / trip / fall                  | <input type="radio"/> physical impact / stress / strain     |
| <input type="radio"/> fall from height                    | <input type="radio"/> temperature extremes                  |
| <input type="radio"/> lifting / carrying / handling       | <input type="radio"/> psychological stress                  |
| <input type="radio"/> contact with object                 | <input type="radio"/> confinement                           |
| <input type="radio"/> hit by an object                    | <input type="radio"/> entrapment                            |
| <input type="radio"/> inhalation / ingestion / aspiration | <input type="radio"/> submersion / immersion                |
| <input type="radio"/> exposure to contaminant             | <input type="radio"/> pierced / punctured by object         |
|   | <input type="radio"/> exposure to noise / vibration / sound |

What was the main cause of the injury?

- |   |  |
|---|--|
| <input type="radio"/> tiredness / fatigue               | <input type="radio"/> inappropriate equipment / ergonomics     |
| <input type="radio"/> inattention                       | <input type="radio"/> alcohol / drugs                          |
| <input type="radio"/> lack of training / qualifications | <input type="radio"/> pre-existing illness / medical condition |
| <input type="radio"/> mechanical / electrical failure   | <input type="radio"/> communication issues                     |
| <input type="radio"/> gear/equipment failure            | <input type="radio"/> policy/operating orders                  |
| <input type="radio"/> cargo / items / objects shifting  | <input type="radio"/> deliberate decision against rule or plan |
| <input type="radio"/> fire / explosion                  | <input type="radio"/> working under pressure / stress          |
- 

What was the treatment of the injury?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> none            | <input type="radio"/> Doctor (no hospitalisation) |
| <input type="radio"/> basic first aid | <input type="radio"/> hospitalisation             |
- 

Did the person die as a result of injuries sustained?

- no       yes

Is the person missing?

- no       yes
- 

Was the injured person from a

- commercial vessel       recreational vessel

**If you chose this option, you do not need to answer the following questions and you may submit this form**

What was the injured person's role?

employer

employee

self-employed contractor

passenger / other person

If you chose this option, you do not need to answer the following questions and you may submit this form

Injured person's occupation

Hours on boat that shift

Experience on this boat

none

1–6 months

3–6 years

1–4 weeks

6–12 months

6+ years

1 month

1–3 years

Experience in this industry

none

1–6 months

3–6 years

1–4 weeks

6–12 months

6+ years

1 month

1–3 years

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**Once completed**

**Fax to:**

Maritime New Zealand's Rescue Coordination Centre (RCCNZ)  
+64 4 577 8038



**Or**

**Post to:**

Maritime New Zealand  
Attention Accidents and Investigations  
Accident Reports  
PO Box 27006  
Wellington 6141