



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

DATE AND TIME OF NON-COMPLIANCE

Date: Day _____ Month: _____ Year _____
Time: _____ AM PM

Complete and return form to:
Marine Investigations Unit
Department of Transport and Major Infrastructure (DTMI)
GPO Box C102, PERTH WA 6839
Phone: 13 11 56
Email: Marine.Investigations@transport.wa.gov.au

NATURE OF NON-COMPLIANCE *(Please Tick One)*

Speeding Skiing Noise Navigation Nuisance Freestyling
Other *(Please Describe)* _____

DETAILS OF PERSON MAKING REPORT

Date of birth: _____ Gender: Male Female
Family name: _____ Other names: _____
Address: _____ Suburb: _____ Post code: _____
Telephone home: _____ Telephone work: _____
Telephone mobile: _____ Email: _____
Your Vessel Registration/ID number: _____
Marine qualifications held *(if applicable)*
Type of Certificate or Licence: _____ Issue date: _____

OFFENDING VESSEL DETAILS

Registration / ID number: _____ Number of people on board: _____

Commercial	Recreational
Passenger	Motor boat
Non-passenger	House boat
Fishing vessel	Paddle (row) boat
Hire and drive vessel	PWC <i>(jetski)</i>
	Sailing boat
	Other _____

Colour/description: _____
Construction material: _____

LIST WITNESSES TO NON-COMPLIANCE *(If insufficient space available please attach separate sheet with witness details)*

Name	Address	Telephone contacts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCIDENT DESCRIPTION

Use the space below to provide a full description (including a diagram) of the incident and events leading up to the incident. (if insufficient space, provide a separate page)

Location of incident

Lat / Long (If Applicable) _____ ° _____ ‘ _____ “ South _____ ° _____ ‘ _____ “ East

Description of incident: _____

Diagram of incident:

North



DECLARATION (To be signed by person completing non-compliance report)

I declare that the information provided by me in this non-compliance report is true to the best of my knowledge and belief and that I have made this report knowing that if it is tendered in evidence I will be guilty of a crime if I have wilfully included in this report anything which I know to be false or that I do not believe to be true.

Signed: _____ **Print name:** _____

Witness: _____ **Print name:** _____

(must be witnessed by persons 18 years or over)

Date: _____

THIS SECTION MUST BE COMPLETED (Complainant is the person reporting the non-compliance)

Additional Statement of Complainant attached.	Yes	No
Additional Statement of Witness/s attached.	Yes	No
Complainant must be willing to appear in court as a witness if required.	Yes	No

OFFICE USE ONLY

Officer receiving report: _____ DTMI file reference: _____

Privacy Collection Notice

DTMI collects personal information including name, address, vessel registration or ID number, date of birth, gender and signature when you submit a non-compliance report under marine legislation. You are not obliged to provide this information but without it DTMI may be limited in what action we are able to take.

DTMI may disclose your information to law enforcement agencies, interstate or overseas licensing authorities, courts or other entities as permitted by law, including for identity verification and law enforcement purposes.

DTMI is committed to protecting your privacy. For more information on how we handle your personal information, including the purposes for which it may be used and disclosed, visit transport.wa.gov.au/privacy. You may access or correct your personal information by emailing foi@transport.wa.gov.au or visiting transport.wa.gov.au/foi.