



Instructions to complete this form

Please complete the form to the best of your knowledge. For boxed sections, please place an 'x' in the appropriate box(es).

Complete and return within 72 hours of incident to:

Maritime Investigations Unit

Department of Transport and Major Infrastructure
GPO Box C102, PERTH, WA 6839

Email: Marine.Investigations@transport.wa.gov.au

CONTACT DETAILS (NOTE: Commercial vessels are required to complete an AMSA 529 form)

Boat name: _____

Registration/Commercial No. (unique identifier): _____

PLEASE PRINT FULL NAME AND ADDRESS OF PERSON COMPLETING REPORT

Name: _____

Address: _____

Contact number: _____

Date: _____ Signature: _____

INCIDENT LOCATION

Date: _____ Time: _____ Location: _____

Optional (details if known) Latitude: _____ Longitude: _____ (GDA2020 preferred)

TYPE OF INCIDENT

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> COLLISION | <input type="checkbox"/> GROUNDING | <input type="checkbox"/> STRUCTURAL FAILURE | <input type="checkbox"/> OTHER INCIDENT |
| <input type="checkbox"/> Of vessels | <input type="checkbox"/> Intentional | <input type="checkbox"/> LOSS OF STABILITY | <input type="checkbox"/> Hit by propeller / vessel |
| <input type="checkbox"/> With a fixed object | <input type="checkbox"/> Unintentional | <input type="checkbox"/> FIRE | <input type="checkbox"/> Skiing incident |
| <input type="checkbox"/> With a floating object | | <input type="checkbox"/> EXPLOSION | <input type="checkbox"/> Parasailing incident |
| <input type="checkbox"/> With an animal | <input type="checkbox"/> CAPSIZING | <input type="checkbox"/> PERSON OVERBOARD | <input type="checkbox"/> Diving incident |
| <input type="checkbox"/> With overhead object | <input type="checkbox"/> SINKING | <input type="checkbox"/> ONBOARD INJURY | <input type="checkbox"/> Other incident caused by operating vessel |
| <input type="checkbox"/> With submerged object | <input type="checkbox"/> SWAMPING | <input type="checkbox"/> Falls within vessel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> With wharf | <input type="checkbox"/> FLOODING | <input type="checkbox"/> Crushing / pinching | |
| | <input type="checkbox"/> LOSS OF VESSEL | <input type="checkbox"/> Other onboard injury | |

ENVIRONMENTAL CONDITIONS

- | | | | | | |
|---------------------------------|---|--|--|------------------------------------|--|
| WEATHER | WATER | WIND | WIND DIRECTION | SWELL | VISIBILITY |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Calm | <input type="checkbox"/> None | <input type="checkbox"/> N <input type="checkbox"/> SW | <input type="checkbox"/> None | <input type="checkbox"/> Good |
| <input type="checkbox"/> Hazy | <input type="checkbox"/> Choppy | <input type="checkbox"/> Light (1>8 knots) | <input type="checkbox"/> NW <input type="checkbox"/> W | <input type="checkbox"/> 0-2 m | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Cloudy | <input type="checkbox"/> Rough | <input type="checkbox"/> Moderate (8>15 knots) | <input type="checkbox"/> E <input type="checkbox"/> NE | <input type="checkbox"/> 2-4 m | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Very rough | <input type="checkbox"/> Strong (15>30 knots) | <input type="checkbox"/> SE <input type="checkbox"/> Unknown | <input type="checkbox"/> Over 4 m | TIME OF DAY |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Strong current | <input type="checkbox"/> Storm (over 30 knots) | <input type="checkbox"/> S | <input type="checkbox"/> Not known | <input type="checkbox"/> Night <input type="checkbox"/> Day |
| <input type="checkbox"/> Fog | | | | | <input type="checkbox"/> Sunrise <input type="checkbox"/> Twilight |

LOCATION

- Inland waters (river, estuary, lake, dam)
 Inshore waters (up to 3 nm offshore)
 Enclosed waters (bay, harbour)
 Offshore waters (more than 3 nm offshore)

SEVERITY

- Fatal incident Major damage
 Serious injury Moderate damage
 Vessel lost No damage
 Property damage only

OPERATION AT TIME OF INCIDENT

- Underway Being towed Berthing Skiing Fishing Racing
 Towing Drifting At anchor Diving Tied to berth Fuelling
 Swimming Other (specify) _____

CONTRIBUTING FACTORS (*Environmental*)

- Restricted visibility Wind/sea state Bar conditions
 Tidal conditions Wash of passing vessel
 Floating/submerged object Other _____

MATERIAL FACTORS (*Equipment*)

- Inadequate stability Machinery Electrical
 Equipment failure Navigation Hull failure
 Other _____

YOUR VESSEL (*Vessel directly involved in incident*)

Location of vessel for inspection: _____ No. of persons onboard: _____

Owner's name: Family name: _____ First name(s): _____

Phone (business hours): _____ Phone (after hours): _____

Address: _____ Suburb: _____ Postcode: _____

Registration/Commercial No. (*unique identifier*): _____ Registration/Survey expiry date: ____/____/____

Vessel length (metres): _____ Hull Identification No: _____

Engine make: _____ Engine capacity (kw/hp): _____ Capacity Plate (Australian Builders Plate) fitted Yes No

Fuel type: _____ Fuel remaining onboard: _____ (Lt)

Vessel type:**Commercial****Recreational**

- Passenger (Class 1) Non-passenger (Class 2)
 Fishing vessel (Class 3) Hire and drive (Class 4)

- Motor boat House boat
 Paddle boat (canoe etc) Sailing boat
 Other _____

Hull material

- Steel Fibreglass/GRP Aluminium Ferro-Cement Timber Other _____

PERSON IN CHARGE (*Master*)

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

Email: _____

Qualifications Type of Certificate / Qualification / Licence: _____ Date of issue: _____**Person at Helm** (Person steering at time of incident)Is person at helm the same as person in charge? Yes (go to OTHER VESSEL section)

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

Email: _____

Qualifications Type of Certificate / Qualification / Licence: _____ Date of issue: _____**OTHER VESSEL** (*Only if collision of vessels has occurred*)Registration/Commercial No. (*unique identifier*): _____**Commercial**

- Passenger (Class 1) Non-passenger (Class 2)
 Fishing vessel (Class 3) Hire and drive (Class 4)

Recreational

- Motor boat House boat
 Paddle boat (canoe etc) Sailing boat
 Other _____

DETAILS OF ANY INJURIES - (If insufficient room please supply details on separate sheet of paper)

PERSON 1

Activity

- Passenger Crew Person in charge Person at helm Swimmer Jet skier
 Surf skier / Surfboarder Water skier Diver Para flier Unknown

Injury Status – Note: Serious injury is defined as admittance to hospital involving an overnight stay

- Fatality Serious injury Minor injury Missing person No injury

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

PERSON 2

Activity

- Passenger Crew Person in charge Person at helm Swimmer Jet skier
 Surf skier / Surfboarder Water skier Diver Para flier Unknown

Injury Status – Note: Serious injury is defined as admittance to hospital involving an overnight stay

- Fatality Serious injury Minor injury Missing person No injury

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

PERSON 3

Activity

- Passenger Crew Person in charge Person at helm Swimmer Jet skier
 Surf skier / Surfboarder Water skier Diver Para flier Unknown

Injury Status – Note: Serious injury is defined as admittance to hospital involving an overnight stay

- Fatality Serious injury Minor injury Missing person No injury

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

PERSON 4

Activity

- Passenger Crew Person in charge Person at helm Swimmer Jet skier
 Surf skier / Surfboarder Water skier Diver Para flier Unknown

Injury Status – Note: Serious injury is defined as admittance to hospital involving an overnight stay

- Fatality Serious injury Minor injury Missing person No injury

Family name: _____ First name(s): _____

Address: _____ Suburb: _____ Postcode: _____

Date of birth: _____ Age in years: _____ Gender: M F Other

Phone (business hours): _____ Phone (after hours): _____

