



# Marine Incident Report

Western Australian Marine Act 1982 – 64 (3) (c), 64 (5)

## Instructions for Completion of Form

Complete each section by placing an "X" in the appropriate box(es).

Complete and return within 7 days of incident to;

### Marine Safety Investigations Unit

Department of Transport,

GPO Box C102, Perth WA 6839

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

Facsimile: 08 9435 7809

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

Boat Name: \_\_\_\_\_

Registration/Commercial Number. *(unique identifier)*: \_\_\_\_\_

### PLEASE PRINT FULL NAME AND ADDRESS OF PERSON COMPLETING REPORT

Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## INCIDENT LOCATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Optional (if Known) Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (GDA94 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

- Clear
- Hazy
- Cloudy
- Rain
- Flood
- Fog

### WATER

- Calm
- Choppy
- Rough
- Very rough
- Strong current

### WIND

- None
- Light (1>8 knots)
- Moderate (8>15 knots)
- Strong (15>30 knots)
- Storm (over 30 knots)

### WIND DIRECTION

- N  SW
- NW  W
- E  NE
- SE  Unknown
- S

### VISIBILITY

- Good
- Fair
- Poor

### TIME OF DAY

- Night  Day
- Sunrise  Twilight

## LOCATION

- Inland Waters (eg. River, estuary, lake, dam)
- Inshore waters (up to 3 nm offshore)
- Enclosed waters (eg. 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

- |                                   |  |                                    |                                 |  |                                   |
|-----------------------------------|--|------------------------------------|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Underway | <input type="checkbox"/> Being towed           | <input type="checkbox"/> Berthing  | <input type="checkbox"/> Skiing | <input type="checkbox"/> Fishing       | <input type="checkbox"/> Racing   |
| <input type="checkbox"/> Towing   | <input type="checkbox"/> Drifting              | <input type="checkbox"/> At anchor | <input type="checkbox"/> Diving | <input type="checkbox"/> Tied to berth | <input type="checkbox"/> Fuelling |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> 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 Names: \_\_\_\_\_

Phone (Business Hours): \_\_\_\_\_ Phone (After Hours): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Registration/Commercial Number. *(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**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 Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:  M  F

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 next section)

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:  M  F

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 Number. *(unique identifier)*: \_\_\_\_\_**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 \_\_\_\_\_

**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 / Surf Boarder       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 Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:       M       F

Phone (Business Hours): \_\_\_\_\_ Phone (After Hours): \_\_\_\_\_

**PERSON 2**

**Activity**

- Passenger       Crew       Person in Charge       Person at Helm       Swimmer       Jet Skier  
 Surf Skier / Surf Boarder       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 Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:       M       F

Phone (Business Hours): \_\_\_\_\_ Phone (After Hours): \_\_\_\_\_

**PERSON 3**

**Activity**

- Passenger       Crew       Person in Charge       Person at Helm       Swimmer       Jet Skier  
 Surf Skier / Surf Boarder       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 Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:       M       F

Phone (Business Hours): \_\_\_\_\_ Phone (After Hours): \_\_\_\_\_

**PERSON 4**

**Activity**

- Passenger       Crew       Person in Charge       Person at Helm       Swimmer       Jet Skier  
 Surf Skier / Surf Boarder       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 Names: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender:       M       F

Phone (Business Hours): \_\_\_\_\_ Phone (After Hours): \_\_\_\_\_

