



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

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): _____

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*)

Description of damage to vessel: _____

Description of Incident: _____

Diagram of Incident:

DECLARATION (*To be signed by the person completing the incident report*)

I declare that the information provided by me in this incident 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: _____