



Marine Incident Report

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

Instructions for Completion of Form

Complete and return within 7 days of incident to;

General Manager Marine Safety
Department for Planning and Infrastructure,
PO Box 402,
Fremantle, W.A. 6959

Telephone: 08 9216 8999
Facsimile: 08 9216 8982

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

Boat Name: _____

Registration /LFB / SPV No: . _____

PLEASE PRINT FULL NAME AND ADDRESS OF PERSON COMPLETING REPORT

Name: _____

Address: _____

Date: _____ Signature: _____

INCIDENT DESCRIPTION

Date: _____ Time: _____ Location: _____

TYPE OF INCIDENT

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> COLLISION
<input type="checkbox"/> Of vessels
<input type="checkbox"/> With a fixed object
<input type="checkbox"/> With a floating object
<input type="checkbox"/> With an animal
<input type="checkbox"/> With overhead object
<input type="checkbox"/> With submerged object
<input type="checkbox"/> With wharf | <input type="checkbox"/> GROUNDING
<input type="checkbox"/> Intentional
<input type="checkbox"/> Unintentional

<input type="checkbox"/> CAPSIZING
<input type="checkbox"/> SINKING
<input type="checkbox"/> SWAMPING
<input type="checkbox"/> FLOODING
<input type="checkbox"/> LOSS OF VESSEL | <input type="checkbox"/> STRUCTURAL FAILURE
<input type="checkbox"/> LOSS OF STABILITY
<input type="checkbox"/> FIRE
<input type="checkbox"/> EXPLOSION
<input type="checkbox"/> PERSON OVERBOARD
<input type="checkbox"/> ONBOARD INJURY
<input type="checkbox"/> Falls within vessel
<input type="checkbox"/> Crushing / pinching
<input type="checkbox"/> Other onboard injury | <input type="checkbox"/> OTHER INCIDENT
<input type="checkbox"/> Hit by propeller / vessel
<input type="checkbox"/> Skiing incident
<input type="checkbox"/> Parasailing incident
<input type="checkbox"/> Diving incident
<input type="checkbox"/> Other incident caused by operating vessel
<input type="checkbox"/> Other |
|---|---|---|--|

ENVIRONMENTAL CONDITIONS

- | | | | |
|---|--|---|--|
| WEATHER
<input type="checkbox"/> Clear
<input type="checkbox"/> Hazy
<input type="checkbox"/> Cloudy
<input type="checkbox"/> Rain
<input type="checkbox"/> Flood
<input type="checkbox"/> Fog | WATER
<input type="checkbox"/> Calm
<input type="checkbox"/> Choppy
<input type="checkbox"/> Rough
<input type="checkbox"/> Very rough
<input type="checkbox"/> Strong current | WIND
<input type="checkbox"/> None
<input type="checkbox"/> Light (1>8 knots)
<input type="checkbox"/> Moderate (8>15 knots)
<input type="checkbox"/> Strong (15>30 knots)
<input type="checkbox"/> Storm (over 30 knots) | VISIBILITY
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor |
|---|--|---|--|

LOCATION

- | | |
|--|--|
| <input type="checkbox"/> Inland waters | <input type="checkbox"/> Inshore waters |
| <input type="checkbox"/> Enclosed waters | <input type="checkbox"/> Offshore waters |

SEVERITY

- | | |
|---|---|
| <input type="checkbox"/> Fatal incident | <input type="checkbox"/> Major damage |
| <input type="checkbox"/> Serious injury | <input type="checkbox"/> Moderate damage |
| <input type="checkbox"/> Vessel lost | <input type="checkbox"/> No damage |
| | <input type="checkbox"/> Property damage only |

OPERATION AT TIME OF INCIDENT

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Underway | <input type="checkbox"/> Being towed | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Berthing | <input type="checkbox"/> Drifting | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> At anchor | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Racing | <input type="checkbox"/> Tied to berth | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Towing | <input type="checkbox"/> Fuelling | _____ |

VESSEL DETAILS

Vessel Length: _____ (metres)

COMMERCIAL

- Passenger
- Non-passenger
- Fishing vessel
- Hire and drive vessel

RECREATIONAL

- Motor boat
 - House boat
 - Paddle (*row*) boat
 - PWC (*jet ski*)
 - Sailing boat
 - Other
- _____

HULL MATERIAL

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

OTHER VESSELS INVOLVED

Vessel Length: _____ (metres)

COMMERCIAL

RECREATIONAL

Type of Vessel: _____
(use the codes above to identify type of vessel)

CONTRIBUTING FACTORS – ENVIRONMENTAL

- | | |
|---|---|
| <input type="checkbox"/> Restricted visibility | <input type="checkbox"/> Wind / sea state |
| <input type="checkbox"/> Bar conditions | <input type="checkbox"/> Tidal conditions |
| <input type="checkbox"/> Wash of passing vessel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Floating or submerged object _____ | |

MATERIAL FACTORS – EQUIPMENT

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Inadequate stability | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Equipment failure | <input type="checkbox"/> Hull failure |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Other |
| <input type="checkbox"/> Navigation | _____ |

DETAILS OF PERSON IN CHARGE

Family Name of Person In Charge: _____ Other Names: _____

Address: _____

Telephone Number (*after hours*): _____ Telephone Number (*business hours*): _____

Email: _____ Age: _____ (Years) Gender: Male

Number of Persons On Board: _____ Female

QUALIFICATIONS

Type of Certificate or Licence: _____

Issue Date of Certificate or Licence: _____

OFFICE USE ONLY

Validity of Qualifications Valid Not Valid Not Required

DETAIL OF PERSON AT THE HELM

Was the person at the helm the person in charge?

Yes if "Yes", please go to the next section below

No if "No", was the person

A Passenger

B Crew

Give full details

Family Name of person at helm: _____ Other Names: _____

Address: _____

Telephone Number (after hours): _____ Telephone Number (business hours): _____

Age: _____ Years

Gender Male

Female

Number of people on board at the time of the incident: _____

QUALIFICATIONS

Type of Certificate or Licence _____

Issue Date of Certificate or Licence _____

OFFICE USE ONLY

Validity of Qualifications

Valid

Not Valid

C Not Required

DETAILS OF ANY INJURIES

If Injury Code is "B" or "C" then provide a brief description.

Use the codes below to complete the table e.g. ⇨

INJURY CODE

A Fatal B Serious C Minor D None

ACTIVITY CODE

A Passenger F Water Skier
 B Person in Charge G Jet Skier
 C Person at Helm H Para-flier
 D Crew I Surf ski/board rider
 E Swimmer J Diver
 K Other

Injury Code	Activity Code	Male	Female	Age
B	D	✓		27

LOCATION OF VESSEL FOR INSPECTION

FOR OFFICE USE ONLY

Alcohol or drugs

BAC of deceased: _____

Error of judgement

Excessive speed

Failure to keep a proper lookout

Fatigue

Inexperience

Insecure mooring

Lack of fuel

Lack of maintenance

Navigational error

Overloading

Other human factors

Unknown

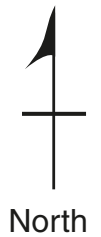
INCIDENT DESCRIPTION

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 person completing 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: _____