



Marine Incident Report

WA Marine Act — 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
Facsimilie: 08 9216 8979

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

- | | | | |
|--|---|--|---|
| A <input type="checkbox"/> COLLISION | B <input type="checkbox"/> GROUNDING | H <input type="checkbox"/> STRUCTURAL FAILURE | N <input type="checkbox"/> OTHER PERSONAL INJURY |
| aa <input type="checkbox"/> Of vessels | ba <input type="checkbox"/> Intentional | I <input type="checkbox"/> LOSS OF STABILITY | na <input type="checkbox"/> Hit by person / vessel |
| ab <input type="checkbox"/> With a fixed object | bb <input type="checkbox"/> Unintentional | J <input type="checkbox"/> FIRE | nb <input type="checkbox"/> Skiing |
| ac <input type="checkbox"/> With a floating object | | K <input type="checkbox"/> EXPLOSION | nc <input type="checkbox"/> Parasailing |
| ad <input type="checkbox"/> With an animal | C <input type="checkbox"/> CAPSIZING | L <input type="checkbox"/> PERSON OVERBOARD | nd <input type="checkbox"/> Diving |
| ae <input type="checkbox"/> With overhead object | D <input type="checkbox"/> SINKING | M <input type="checkbox"/> ONBOARD INCIDENT | ne <input type="checkbox"/> Other injury caused by operating vessel |
| af <input type="checkbox"/> With submerged object | E <input type="checkbox"/> SWAMPING | ma <input type="checkbox"/> Falls within vessel | |
| ag <input type="checkbox"/> With wharf | F <input type="checkbox"/> FLOODING | mb <input type="checkbox"/> Crushing / pinching | O <input type="checkbox"/> OTHER INCIDENT TYPE |
| | G <input type="checkbox"/> LOSS OF VESSEL | mc <input type="checkbox"/> Other onboard injury | _____ |

ENVIRONMENTAL CONDITIONS

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

LOCATION

- | | |
|--|--|
| A <input type="checkbox"/> Inland waters | C <input type="checkbox"/> Inshore waters |
| B <input type="checkbox"/> Enclosed waters | D <input type="checkbox"/> Offshore waters |

SEVERITY

- | | |
|---|---|
| A <input type="checkbox"/> Fatal incident | D <input type="checkbox"/> Major damage |
| B <input type="checkbox"/> Serious injury | E <input type="checkbox"/> Moderate damage |
| C <input type="checkbox"/> Vessel lost | F <input type="checkbox"/> No damage |
| | G <input type="checkbox"/> Property damage only |

OPERATION AT TIME OF INCIDENT

- A Underway
- B Berthing
- C Skiing
- D Racing
- E Towing
- F Being towed
- G Drifting
- H At anchor
- I Tied to berth
- J Fueling
- K Fishing
- L Diving
- M Swimming
- N Other (*specify*)
.....

VESSEL DETAILS

COMMERCIAL

- A Passenger
- B Non-passenger
- C Fishing vessel
- D Hire and drive vessel

RECREATIONAL

- E Motor boat
- F House boat
- G Paddle (*row*) boat
- H PWC (*jet ski*)
- I Sailing boat
- J Other
.....

HULL MATERIAL

- A Steel
- B Fibreglass / GRP
- C Aluminium
- D Ferro-Cement
- E Timber
- F Other
.....

OTHER VESSELS INVOLVED

COMMERCIAL

RECREATIONAL

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

CONTRIBUTING FACTORS

- A Restricted visibility
- B Bar conditions
- C Wash of passing vessel
- D Floating or submerged object
- E Wind / sea state
- F Tidal conditions
- G Other

MATERIAL FACTORS

- A Inadequate stability
- B Equipment failure
- C Electrical
- D Navigation
- E Machinery
- F Hull failure
- G Other
.....

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
 Female

QUALIFICATIONS

A Type of Certificate or Licence:

B Issue Date of Certificate or Licence:

OFFICE USE ONLY

C Validity of Qualifications A Valid B Not Valid C 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

A Type of Certificate or Licence

B Issue Date of Certificate or Licence

OFFICE USE ONLY

C Validity of Qualifications

A Valid

B Not Valid

C Not Required

DETAILS OF ANY INJURIES

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

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:.....