



INCIDENT REPORT

to be used for incidents involving domestic commercial vessels
Marine Safety (Domestic Commercial Vessel) National Law Act 2012, Schedule 1

What is an incident?

The *Marine Safety (Domestic Commercial Vessel) National Law Act 2012, Schedule 1 (National Law)* defines a marine incident as:

- (a) a death of, or injury to, a person associated with the operation or navigation of a domestic commercial vessel;
- (b) the loss or presumed loss of a domestic commercial vessel;
- (c) a collision of a domestic commercial vessel with another vessel;
- (d) a collision by a domestic commercial vessel with an object;
- (e) the grounding, sinking, flooding or capsizing of a domestic commercial vessel;
- (f) a fire on board a domestic commercial vessel;
- (g) a loss of stability of a domestic commercial vessel that affects the safety of the vessel;
- (h) the structural failure of a domestic commercial vessel;
- (i) a close quarters situation;
- (j) an event that results in, or could have resulted in:
 - i) the death of, or injury to, a person on board a domestic commercial vessel; or
 - ii) the loss of a person from a domestic commercial vessel; or
 - iii) a domestic commercial vessel becoming disabled and requiring assistance;
- (k) the fouling or damaging by a domestic commercial vessel of:
 - i) any pipeline or submarine cable; or
 - ii) any aid to navigation within the meaning of the Navigation Act 2012 of the Commonwealth;
- (l) a prescribed incident involving a domestic commercial vessel.

Your responsibilities as Owner or Master (Sections 88 and 89 of *Schedule 1 of the National Law*)

The owner and master of a domestic commercial vessel commit an offence if the vessel is involved in a marine incident as defined by the National Law and neither the owner or the master provide an '*initial report*' on any marine incident that involves:

- the death of a person; or
- serious injury to a person; or
- the loss of a vessel; or
- the loss of a person from a vessel; or
- significant damage to a vessel

to the National Regulator as soon as reasonably practicable after becoming aware of the incident, having regard to the circumstances.

Penalty: 60 penalty units

The owner and master of a domestic commercial vessel commit an offence if the vessel is involved in a marine incident as defined by the National Law and neither the owner or the master provide a '*written report*' of any marine incident as defined by the National Law to the National Regulator within 72 hours of becoming aware of the incident.

Penalty: 60 penalty units

IMPORTANT

If using this form for an *initial report*, a subsequent and detailed *written report* is still required to be provided within the 72 hour period as stated above. Initial report should include: incident details (date, time, location, type of incident and incident description explaining what happened), vessel 1 (DCV), and details of persons involved.

Please refer to the Marine Incident Guidance Notice to assist with the completion of this form.

Incident description

Date Time Jurisdiction (State/Territory)

Location Location coordinates (GDA 1994 preferred: Degrees, Minutes, Decimal Minutes) ° ' S ° ' E

Location waters
 Inland Inshore (partially smooth) Offshore
 Enclosed (smooth)

Description of incident (what happened)

Type of incident

<input type="checkbox"/> Person overboard <input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Swamping <input type="checkbox"/> Flooding <input type="checkbox"/> Close quarters <input type="checkbox"/> Loss or presumed loss of vessel <input type="checkbox"/> Disabling of vessel <input type="checkbox"/> Structural failure <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Loss of stability <input type="checkbox"/> Fire <input type="checkbox"/> Explosion	Collision <input type="checkbox"/> of vessels <input type="checkbox"/> with fixed object <input type="checkbox"/> with a floating object <input type="checkbox"/> with an animal <input type="checkbox"/> with wharf <input type="checkbox"/> with submerged object <input type="checkbox"/> with overhead obstruction Grounding <input type="checkbox"/> intentional <input type="checkbox"/> unintentional	On board incident <input type="checkbox"/> falls within vessel <input type="checkbox"/> crushing/pinching <input type="checkbox"/> other on board incident Other incident <input type="checkbox"/> hit by person/vessel <input type="checkbox"/> skiing <input type="checkbox"/> parasailing <input type="checkbox"/> diving <input type="checkbox"/> other incident caused by the vessel
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Incident severity rating

<input type="checkbox"/> Fatal incident	<input type="checkbox"/> Vessel lost	<input type="checkbox"/> No damage
<input type="checkbox"/> Serious injury	<input type="checkbox"/> Other vessel damage	<input type="checkbox"/> Environmental damage
<input type="checkbox"/> Minor injury	<input type="checkbox"/> Property damage	<input type="checkbox"/> Not known

Environmental conditions

Weather
 Clear Cloudy Flood
 Hazy (fog) Rain Not known

Wind
 None 9>15 knots Over 30 knots
 1>8 knots 16>30 knots Not known

Wind direction
 N S E
 NE SE W
 NW SW Not known

Water
 Calm Rough Strong current
 Choppy Very rough Not known

Visibility
 Good Poor Not known
 Fair

Swell height
 None 2-4m Not known
 0-2m Over 4m

Contributing factors

Human factors <input type="checkbox"/> alcohol or drugs <input type="checkbox"/> failure to keep a proper lookout <input type="checkbox"/> lack of maintenance <input type="checkbox"/> overloading <input type="checkbox"/> error of judgement <input type="checkbox"/> excessive speed <input type="checkbox"/> lack of fuel <input type="checkbox"/> fatigue <input type="checkbox"/> inexperience <input type="checkbox"/> navigational error <input type="checkbox"/> insecure mooring <input type="checkbox"/> other human factor (specify): _____	Material factors <input type="checkbox"/> inadequate stability <input type="checkbox"/> electrical <input type="checkbox"/> navigation <input type="checkbox"/> machinery <input type="checkbox"/> hull failure <input type="checkbox"/> other material factor (specify): _____ Casual factor unknown <input type="checkbox"/> unknown (reason/comments): _____	Environmental factors <input type="checkbox"/> restricted visibility <input type="checkbox"/> bar conditions <input type="checkbox"/> wash of passing vessel <input type="checkbox"/> floating or submerged object <input type="checkbox"/> wind/sea state <input type="checkbox"/> tidal conditions <input type="checkbox"/> other environmental factor (specify): _____
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Vessel(s) involved: vessel 1 (domestic commercial vessel)

Vessel damage

<input type="checkbox"/> Vessel lost	<input type="checkbox"/> Moderate vessel damage	<input type="checkbox"/> Not known
<input type="checkbox"/> Significant / major vessel damage	<input type="checkbox"/> No damage	

Vessel details

Name of vessel <input style="width:95%;" type="text"/>	Vessel Identifier <input style="width:95%;" type="text"/>	Home state <input style="width:95%;" type="text"/>	Length (m) <input style="width:95%;" type="text"/>	Beam (m) <input style="width:95%;" type="text"/>
Year built <input style="width:95%;" type="text"/>	Number of passengers <input style="width:95%;" type="text"/>	Number of crew <input style="width:95%;" type="text"/>	Other (specify) <input style="width:95%;" type="text"/>	

Type of domestic commercial vessel

Vessel use category	Operational area category				
<input type="checkbox"/> Passenger vessel (Class 1)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Non passenger vessel (Class 2)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Fishing vessel (Class 3)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Hire & drive vessel (Class 4)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E

Hull material

<input type="checkbox"/> Steel	<input type="checkbox"/> Fibreglass/GRP	<input type="checkbox"/> Other (specify): <input style="width:95%;" type="text"/>
<input type="checkbox"/> Ferro-cement	<input type="checkbox"/> Aluminium	
<input type="checkbox"/> Timber		

Engine details

<input type="checkbox"/> Outboard	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Other (specify): <input style="width:95%;" type="text"/>
<input type="checkbox"/> Inboard petrol	<input type="checkbox"/> None	
<input type="checkbox"/> Inboard diesel		

Number of engines

Engine power

<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="checkbox"/> HP	<input type="checkbox"/> KW
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Vessel operation / activity at time of incident

<input type="checkbox"/> Underway	<input type="checkbox"/> Being towed	<input type="checkbox"/> Diving
<input type="checkbox"/> Anchored/moored	<input type="checkbox"/> Fuelling	<input type="checkbox"/> Water skiing or related activity
<input type="checkbox"/> Berthed	<input type="checkbox"/> Performing manoeuvres	<input type="checkbox"/> Other (specify): <input style="width:95%;" type="text"/>
<input type="checkbox"/> Aground	<input type="checkbox"/> Performing maintenance	
<input type="checkbox"/> Drifting	<input type="checkbox"/> Fishing	
<input type="checkbox"/> Towing a vessel	<input type="checkbox"/> Racing	

Intended departure point of vessel

Intended arrival point(s) of vessel

Person(s) involved: vessel 1 (domestic commercial vessel)

Vessel owner's details – domestic commercial vessel

Organisation Name <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Given names <input style="width:95%;" type="text"/>		
Street address <input style="width:95%;" type="text"/>	Town/suburb <input style="width:95%;" type="text"/>	State <input style="width:95%;" type="text"/>	Postcode <input style="width:95%;" type="text"/>	
Telephone (business hrs) <input style="width:95%;" type="text"/>	Telephone (after hrs) <input style="width:95%;" type="text"/>			

Details of person in charge (Master)

Title (Mr, Mrs, Dr, etc.) <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Given names <input style="width:95%;" type="text"/>		
Street address <input style="width:95%;" type="text"/>	Town/suburb <input style="width:95%;" type="text"/>	State <input style="width:95%;" type="text"/>	Postcode <input style="width:95%;" type="text"/>	
Telephone (business hrs) <input style="width:95%;" type="text"/>	Telephone (after hrs) <input style="width:95%;" type="text"/>		Date of birth <input style="width:95%;" type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Type of Certificate of Competency / licence and grade (eg Master 5)

Certificate / licence ID

Issuing authority

Issue date

Expiry date (if applicable)

Endorsements on certificate / licence
 Yes No
Validity of qualifications
 Valid Not valid Not required
BAC

Drugs

Watchkeeper / person at the helm at the time of the incident**Category/role**
 Passenger Person in charge (Master) Crew member
Title (Mr, Mrs, Dr, etc.)

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender
 Male Female
Type of Certificate of Competency / licence and grade (eg Master 5)

Certificate / licence ID

Issuing authority

Issue date

Expiry date (if applicable)

Endorsements on certificate / licence
 Yes No
Validity of qualifications
 Valid Not valid Not required
BAC

Drugs

Details of deceased / injured person (person 1 - vessel 1)**Title (Mr, Mrs, Dr, etc.)**

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender
 Male Female
Activity of deceased / injured person

<input type="checkbox"/> Passenger on vessel	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Surf ski/surfboard rider/kayaker
<input type="checkbox"/> Person in charge (Master)	<input type="checkbox"/> Water skier	<input type="checkbox"/> Diver
<input type="checkbox"/> Person at helm	<input type="checkbox"/> Jet skier	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Crew member	<input type="checkbox"/> Para flier	

Status
 Fatality Serious injury (requiring admission to hospital)
 Minor injury Missing person
BAC

Drugs

Details of deceased / injured person (person 2 - vessel 1)**Title (Mr, Mrs, Dr, etc.)**

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender
 Male Female
Activity of deceased / injured person

<input type="checkbox"/> Passenger on vessel	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Surf ski/surfboard rider/kayaker
<input type="checkbox"/> Person in charge (Master)	<input type="checkbox"/> Water skier	<input type="checkbox"/> Diver
<input type="checkbox"/> Person at helm	<input type="checkbox"/> Jet skier	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Crew member	<input type="checkbox"/> Para flier	

Status
 Fatality Serious injury (requiring admission to hospital)
 Minor injury Missing person
BAC

Drugs

Vessel(s) involved: vessel 2 (if applicable)

Vessel damage

<input type="checkbox"/> Vessel lost	<input type="checkbox"/> Moderate vessel damage	<input type="checkbox"/> Not known
<input type="checkbox"/> Significant / major vessel damage	<input type="checkbox"/> No damage	

Vessel details

Name of vessel []	Vessel Identifier []	Home state []	Length (m) []	Beam (m) []
Year built []	Number of passengers []	Number of crew []	Other (specify) []	

Type of vessel (vessel 2)

<input type="checkbox"/> Domestic commercial vessel	<input type="checkbox"/> Recreational vessel	<input type="checkbox"/> Foreign flagged vessel
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Type of domestic commercial vessel

Vessel use category	Operational area category				
<input type="checkbox"/> Passenger vessel (Class 1)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Non passenger vessel (Class 2)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Fishing vessel (Class 3)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E
<input type="checkbox"/> Hire & drive vessel (Class 4)	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class D	<input type="checkbox"/> Class E

Type of recreational vessel

<input type="checkbox"/> Motorboat	<input type="checkbox"/> PWC	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Sailing boat	
<input type="checkbox"/> Paddle (row) boat		

Hull material

<input type="checkbox"/> Steel	<input type="checkbox"/> Fibreglass/GRP	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Ferro-cement	<input type="checkbox"/> Aluminium	
<input type="checkbox"/> Timber		

Engine details

<input type="checkbox"/> Outboard	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Inboard petrol	<input type="checkbox"/> None	
<input type="checkbox"/> Inboard diesel		

Number of engines

[] **Engine power** [] HP KW

Vessel operation / activity at time of incident

<input type="checkbox"/> Underway	<input type="checkbox"/> Being towed	<input type="checkbox"/> Diving
<input type="checkbox"/> Anchored/moored	<input type="checkbox"/> Fuelling	<input type="checkbox"/> Water skiing or related activity
<input type="checkbox"/> Berthed	<input type="checkbox"/> Performing manoeuvres	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Aground	<input type="checkbox"/> Performing maintenance	
<input type="checkbox"/> Drifting	<input type="checkbox"/> Fishing	
<input type="checkbox"/> Towing a vessel	<input type="checkbox"/> Racing	

Intended departure point of vessel

[]

Intended arrival point(s) of vessel

[]

Person(s) involved: vessel 2 (if applicable)

Vessel owner's details

Organisation Name []	Surname []	Given names []		
Street address []	Town/suburb []	State []	Postcode []	
Telephone (business hrs) []	Telephone (after hrs) []	Given names []		
Title (Mr, Mrs, Dr, etc.) []	Surname []	Town/suburb []	State []	Postcode []
Street address []	Telephone (business hrs) []	Telephone (after hrs) []	Date of birth []	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Type of Certificate of Competency / licence and grade (eg Master 5)

Certificate / licence ID

Issuing authority

Issue date

Expiry date (if applicable)

Endorsements on certificate / licence

 Yes No

Validity of qualifications

 Valid Not valid Not required

BAC

Drugs

Watchkeeper / person at the helm at the time of the incident

Category/role

 Passenger Person in charge (Master) Crew member

Title (Mr, Mrs, Dr, etc.)

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender

 Male Female

Type of Certificate of Competency / licence and grade (eg Master 5)

Certificate / licence ID

Issuing authority

Issue date

Expiry date (if applicable)

Endorsements on certificate / licence

 Yes No

Validity of qualifications

 Valid Not valid Not required

BAC

Drugs

Details of deceased / injured person (person 1 - vessel 2)

Title (Mr, Mrs, Dr, etc.)

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender

 Male Female

Activity of deceased / injured person

<input type="checkbox"/> Passenger on vessel	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Surf ski/surfboard rider/kayaker
<input type="checkbox"/> Person in charge (Master)	<input type="checkbox"/> Water skier	<input type="checkbox"/> Diver
<input type="checkbox"/> Person at helm	<input type="checkbox"/> Jet skier	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Crew member	<input type="checkbox"/> Para flier	_____

Status

 Fatality Serious injury (requiring admission to hospital)
 Minor injury Missing person

BAC

Drugs

Details of deceased / injured person (person 2 - vessel 2)

Title (Mr, Mrs, Dr, etc.)

Surname

Given names

Street address

Town/suburb

State

Postcode

Telephone (business hrs)

Telephone (after hrs)

Date of birth

Gender

 Male Female

Activity of deceased / injured person

<input type="checkbox"/> Passenger on vessel	<input type="checkbox"/> Swimmer	<input type="checkbox"/> Surf ski/surfboard rider/kayaker
<input type="checkbox"/> Person in charge (Master)	<input type="checkbox"/> Water skier	<input type="checkbox"/> Diver
<input type="checkbox"/> Person at helm	<input type="checkbox"/> Jet skier	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Crew member	<input type="checkbox"/> Para flier	_____

Status

 Fatality Serious injury (requiring admission to hospital)
 Minor injury Missing person

BAC

Drugs

Declaration

I, (full name) _____

Date of birth: _____

Address: _____

Phone: _____

declare that:

- to the best of my knowledge the information provided by me in this report (and any attachments I have included with this report) is true and correct.
- I consent to the Australian Maritime Safety Authority, as the National Regulator, making all reasonable enquiries in order to verify that the information provided by me in this report (and any attachments I have included with this report) is true and correct.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask that I provide any information or document that the National Regulator reasonably considers necessary for consideration of this report.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask another person to provide any information, document or agreement that the National Regulator reasonably considers necessary for consideration of this report.
- I understand and acknowledge that a person is guilty of an offence under section 137.1 of the *Criminal Code Act 1995* if the person gives false or misleading information, or omits anything without which the information is misleading to a Commonwealth entity; a person who is exercising powers or performing functions under a law of the Commonwealth, or the information is given in compliance or purported compliance with a law of the Commonwealth.

Signature of Owner or Master

Printed name

Date

Name and status of person who assisted in completion of form (if applicable)

Privacy Statement

The purpose of collecting this information is to allow the National Regulator to report on marine incidents under s.10(i) of Schedule 1 of the *Marine Safety (Domestic Commercial Vessel) National Law Act 2012*. This information may be passed to Commonwealth or State/Territory government agencies for the purposes of marine safety.

OFFICE USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol or drugs | <input type="checkbox"/> Failure to keep a proper lookout | <input type="checkbox"/> Lack of maintenance |
| <input type="checkbox"/> Lack of fuel | <input type="checkbox"/> Excessive speed | <input type="checkbox"/> Insecure mooring |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Inexperience | <input type="checkbox"/> Error of judgement |
| <input type="checkbox"/> Overloading | <input type="checkbox"/> Navigational error | |
| <input type="checkbox"/> Other human factors: _____ | | |
| <input type="checkbox"/> Environmental factors: _____ | | |
| <input type="checkbox"/> Material factors: _____ | | |
| <input type="checkbox"/> Factor unknown: _____ | | |