

Marine Incident Report Transport Operations (Marine Safety) Act 1994

This is the approved form to report a marine incident in Queensland. A ship's master must report a marine incident to a shipping inspector within 48 hours of the incident taking place, except in cases where the ship is lost or presumed lost in which case the incident must be reported by the ship's owner. If the initial report is not in the approved form a further report must be submitted using this form at the earliest opportunity. You should fill in all fields that are applicable. This form, and all supporting documents, should be returned to a Maritime Safety Queensland office, the Queensland Police Service or a Queensland Boating and Fisheries Patrol Office. Penalties apply for failing to report a marine incident.

Incident descript	ion			
Position of incident				
	ime	Body of water/Landmark	(
	am pm			
Location				Latitude Longitude
Inland waters (non-tio	lal) Smooth	waters Partially s	smooth waters Offshore	
Type of incident				
Capsizing Swamping Flooding Person overboard Loss of stability Fire Explosion Structural/equipment Loss of ship 1 Incident Severity Ra	with a contact of the l and on	en ships fixed object floating object n animal n overhead obstruction submerged object wharf of ship' should only be sele	unintentional intentional Onboard incident: fall within ship crushing or pinching other onboard incident ected where the ship has disappea	Other incident: person hit by propeller or ship water skiing incident parasailing incident diving incident close call/near miss other incident caused by the operation of the ship ared and the location and circumstances uld be check marked as 'Ship lost' below Damage to property only 4
Fatality Number of persons		Serious injury ² Number of persons	Ship lost ³	No damage
Trainibor of percond		Requiring admission to he		ot recovered ⁴ No damage to any ships
Environmental cond Weather Clear Hazy Water conditions Calm Choppy Wind speed None Light (1-6	Cloudy Rough		Visibility Good Fair ong current or tidal flow Swe g (16-33kts) Gale (>33kt	Poor ell height (metres) ss) Wind coming from
Ships involved				
Number of ships involve	d N	ote: if more than two ships	were involved attach details on a s	separate page.
Own ship Name of ship Official registration number of passengers of the commercial passengers of the commercial non-passenger vessels must office use only	metres) Year bu	of crew on board nercial fishing nercial hire and drive vessels: Commercial very of the passenger manif	Registration type Commercial passenger Commercial non-passeng Recreational ssels must attach master's and fest.	res) Year built pard Number of crew on board Commercial fishing
File number:	Case numb	man er:	Received by (full name):	Received on: / /
			` '	4 TRB Forms Area Form F3071 CFD V01 Apr 2014

Ships involved - continued	
Own ship	Other ship
Ship description	Ship description
☐ Motorboat ☐ PWC (jetski) ☐ Rowing boat	☐ Motorboat ☐ PWC (jetski) ☐ Rowing boat
Sailing boat House boat Other (describe)	☐ Sailing boat ☐ House boat ☐ Other (describe)
Other (describe)	Other (describe)
Engine	Engine
Outboard Inboard (petrol) none	Outboard Inboard (petrol) none
Inboard/outboard Inboard (diesel)	☐ Inboard/outboard ☐ Inboard (diesel)
Other (describe)	Other (describe)
Number of engines Total engine power	Number of engines Total engine power
HP KW	HP KW
Hull material	Hull material
☐ Steel ☐ Timber ☐ Ferro-cement	Steel Timber Ferro-cement
☐ Marine alloy ☐ Fibreglass/GRP	☐ Marine alloy ☐ Fibreglass/GRP
Other (describe)	Other (describe)
Damage to ship	Damage to ship
Ship lost Moderate damage (damaged but	Ship lost Moderate damage (damaged but
Major damage ship remains seaworthy) (ship unseaworthy) Minor damage No damage	Major damage ship remains seaworthy) (ship unseaworthy) Minor damage No damage
(6) 4644	(ship unseaworthy)
People involved	
Own ship	Other ship
Ship owner's details	Ship owner's details
Owner's name	Owner's name
Dedicated person ashore/operations manager (commercial only)	Dedicated person ashore/operations manager (commercial only)
	ger (comments)
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)
Address	Address
Email address	Email address
Master's details	Master's details
Master's name	Master's name
Gender Date of birth	Gender Date of birth
Male Female / /	Male Female / /
Licence type and grade (for example, Master 5)	Licence type and grade (for example, Master 5)
Licence number Issuing authority	Licence number Issuing authority
	Laura data
Issue date Expiry date (if applicable)	Issue date Expiry date (if applicable)
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)
Addross	Address
Address	Address
Email address	Email address

Persons involved - continued	
Own ship Watchkeeper/person at the helm Role	Other ship Watchkeeper/person at the helm Role
Crewmember Passenger Master (details as above)	Crewmember Passenger Master (details as above
Name	Name
Gender Date of birth	Gender Date of birth
Male Female / /	Male Female / /
Licence type and grade (for example, Master 5)	Licence type and grade (for example, Master 5)
Licence number Issuing authority	Licence number Issuing authority
Issue date Expiry date (if applicable)	Issue date Expiry date (if applicable) / / /
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)
Address	Address
Address	Address
	_ , , ,
Email address	Email address
Deceased or injured person Note: if more than two people deceased or injured attach details on a sepandame Gender Date of birth Male Female / / Address	Injury status Fatality Missing person Serious injury Minor injury A serious injury is defined as one where the injured person was admitted to hospital. Nature of injury Name of hospital
	Activity of injured or deceased person
Telephone Which ship was this person associated with?	Person in charge (Master) Surfboard/surf-ski rider Swimmer Crew Para-flier Passenger on vessel Water-skier Other
Deceased or injured person	
Name	Injury status Fatality Missing person Serious injury 5 Minor injury
Gender Date of birth Male Female / /	Nature of injury Name of hospital
Address	Activity of injured or deceased person
Telephone Which ship was this person associated with?	□ Person in charge (Master) □ Surfboard/surf-ski rider □ Person at helm □ Swimmer □ Crew □ Para-flier □ Passenger on vessel □ Diver □ Water-skier □ Other
Privacy Statement: The Department of Transport and Main Roads is collect	cting the information on this form to assist in the management and limitation

Privacy Statement: The Department of Transport and Main Roads is collecting the information on this form to assist in the management and limitation of marine incidents in Queensland waters. This information is required under the *Transport Operations (Marine Safety) Act*. Where relevant, this information will be disclosed to Workplace, Health and Safety Queensland, and to law enforcement agencies. Your personal details will not be disclosed to any other third party without your consent or unless required or authorised to do so by law.

Report details

A **full description** (including a diagram or chart extract) of the incident and events leading up to the incident are to be detailed in the space provided below (if insufficient space, please use separate pages, each extra page that is used is to be signed).

Assistance Name, statuassisted in	us and	phon	ceive	d at ir	of pe	rson v	who	 		ate	 			
Assistance	rendei	red/re	ceive	d at ir	of pe	nt	who	 						
Assistance	rende	red/re	ceive	d at ir	ncider	nt		 						
Owner's/Ma	aster's	repoi	rt					 						
	1													
	1													
↑														