

# VESSEL INCIDENT REPORT

(Reporting procedures required by NSW Marine Legislation)

To assist in completing this form, please refer to the Explanatory Notes at the end of this document. For further information and assistance telephone 13 12 56 (8:30am to 4:30pm) - 7 days a week. Please forward completed form to: Marine Investigations Unit, NSW Maritime, Locked Bag 5100, Camperdown, NSW 1450 or fax to (02) 9563 8699

Please answer the following Questions before completing the rest of the form by  the appropriate box:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| ⇒ Do you believe that this incident involved any breach of the Marine Legislation?                  | Yes                      | No                       |
| ⇒ Was any person injured or killed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Was there damage to any vessel?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Was there damage that affected any of the involved vessels' continuing ability to be safely used? | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Was there damage to any other property?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Did any of the drivers involved leave the incident site without exchanging particulars?           | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Was any driver involved in the incident under the influence of alcohol or any other drugs?        | <input type="checkbox"/> | <input type="checkbox"/> |
| ⇒ Was a commercial vessel involved?   | <input type="checkbox"/> | <input type="checkbox"/> |

## DETAILS OF INCIDENT

<b>Date of Incident:</b> ...../...../.....	<b>Time of Incident:</b> .....	<b>Area of Operation</b> <i>(Official Use Only)</i> .....	<b>Location</b> .....	<b>Incident Severity Rating</b> <i>(See Explanatory Note 1)</i> .....
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## DETAILS OF OPERATOR (MASTER) - VESSEL 1

Surname .....

Given Names .....

Date of Birth.....

Gender:                      Male                       Female

Residential Address  
.....  
.....

State .....      Postcode.....

Telephone:  
Private ( ) .....      Business ( ) .....

Mobile .....      Facsimile ( ) .....

Email .....

### Qualifications and Experience

Boat Licence *(see Explanatory Note 2)* :  
Licence Type .....

Licence Number.....Expiry ..... / ..... / .....

Other (please specify) .....

Certificate of Competency *(see Explanatory Note 3)* :  
Certificate Type .....

Certificate Number.....Expiry ..... / ..... / .....

AYF Qualifications    Type:.....

Interstate    State: (eg QLD) .....

International    Country: (eg UK).....

Other (please specify) .....

### Experience operating this type of vessel:

- Under 20 hours                       20 to 100 hours
- 100 to 500 hours                       Over 500 hours

## DETAILS OF OPERATOR (MASTER) - VESSEL 2

Surname .....

Given Names .....

Date of Birth.....

Gender:                      Male                       Female

Residential Address  
.....  
.....

State .....      Postcode.....

Telephone:  
Private ( ) .....      Business ( ) .....

Mobile .....      Facsimile ( ) .....

Email .....

### Qualifications and Experience

Boat Licence *(see Explanatory Note 2)* :  
Licence Type .....

Licence Number.....Expiry ..... / ..... / .....

Other (please specify).....

Certificate of Competency *(see Explanatory Note 3)* :  
Certificate Type .....

Certificate Number.....Expiry ..... / ..... / .....

AYF Qualifications    Type:.....

Interstate    State: (eg QLD) .....

International    Country: (eg UK).....

Other (please specify) .....

### Experience operating this type of vessel:

- Under 20 hours                       20 to 100 hours
- 100 to 500 hours                       Over 500 hours

**DETAILS OF OWNER - VESSEL 1**

Surname .....

Given Names .....

Date of Birth.....

Gender:                    Male                     Female

Residential Address

.....

.....

State .....                    Postcode.....

Telephone:

Private ( ) .....                    Business ( ).....

Mobile.....                    Facsimile ( ).....

Email.....

**DETAILS OF OWNER - VESSEL 2**

Surname .....

Given Names .....

Date of Birth.....

Gender:                    Male                     Female

Residential Address

.....

.....

State .....                    Postcode.....

Telephone:

Private ( ) .....                    Business ( ).....

Mobile.....                    Facsimile ( ).....

Email.....

**DETAILS OF VESSEL 1**

Vessel Name:.....

**Commercial Vessel** (see Explanatory Note 4) :

Vessel Type:.....

Survey/Permit Number:.....

Expiry Date: .....

**Recreational Vessel** (see Explanatory Note 5) :

Vessel Type:.....

Vessel Registration No.:.....

Expiry Date: .....

**Hull Material** (see Explanatory Note 6) :.....

**Equipment Carried**

Radio:                     Yes                     No

EPIRB:                     Yes                     No

PFD 1: No. on board .....No. used .....

PFD 2: No. on board .....No. used .....

PFD 3: No. on board .....No. used .....

**People on Board**

Adult:                    Female: .....Male:.....

\*Children                    Female: .....Male:.....

\*Children = less than 12 years of age

**Other persons involved**

Adult:                    Female: .....Male:.....

\*Children                    Female: .....Male:.....

\*Children = less than 12 years of age

**DETAILS OF VESSEL 2**

Vessel Name:.....

**Commercial Vessel** (see Explanatory Note 4) :

Vessel Type:.....

Survey/Permit Number:.....

Expiry Date: .....

**Recreational Vessel** (see Explanatory Note 5) :

Vessel Type:.....

Vessel Registration No.:.....

Expiry Date: .....

**Hull Material** (see Explanatory Note 6) :.....

**Equipment Carried**

Radio:                     Yes                     No

EPIRB:                     Yes                     No

PFD 1: No. on board .....No. used .....

PFD 2: No. on board .....No. used .....

PFD 3: No. on board .....No. used .....

**People on Board**

Adult:                    Female: .....Male:.....

\*Children                    Female: .....Male:.....

\*Children = less than 12 years of age

**Other persons involved**

Adult:                    Female: .....Male:.....

\*Children                    Female: .....Male:.....

\*Children = less than 12 years of age

**DETAILS OF ENGINE - VESSEL 1 — Engine 1**

**Propulsion:**  Inboard  Outboard  Sterndrive

**Fuel:**  Petrol  Diesel

Other (Please specify): .....

Manufacturer ..... H/power.....

**VESSEL 1 — Engine 2**

**Propulsion:**  Inboard  Outboard  Sterndrive

**Fuel:**  Petrol  Diesel

Other (Please specify): .....

Manufacturer ..... H/power.....

**DETAILS OF ENGINE - VESSEL 2 — Engine 1**

**Propulsion:**  Inboard  Outboard  Sterndrive

**Fuel:**  Petrol  Diesel

Other (Please specify): .....

Manufacturer ..... H/power.....

**VESSEL 2 — Engine 2**

**Propulsion:**  Inboard  Outboard  Sterndrive

**Fuel:**  Petrol  Diesel

Other (Please specify): .....

Manufacturer ..... H/power.....

## DAMAGE TO VESSEL AND/OR PROPERTY

Vessel 1 - Damage

Lost  Major  Minor  No Damage

Vessel \$ .....Property \$.....

Vessel 2 - Damage

Lost  Major  Minor  No Damage

Vessel \$ .....Property \$.....

## NATURE OF INCIDENT

**Vessel 1**

Operation at Time of Incident (see Explanatory Note 7) :

.....

Type of Incident (see Explanatory Note 8) :

.....

Contributing Factors to Incident (see Explanatory Note 9) :

.....

## NATURE OF INCIDENT

**Vessel 2**

Operation at Time of Incident (see Explanatory Note 7) :

.....

Type of Incident (see Explanatory Note 8) :

.....

Contributing Factors to Incident (see Explanatory Note 9) :

.....

## WEATHER AND WATER CONDITIONS

Weather	Water Conditions	Wind	Wind Direction	Visibility	Tide
<input type="checkbox"/> Clear	<input type="checkbox"/> Calm	<input type="checkbox"/> None	<input type="checkbox"/> N <input type="checkbox"/> NE	<input type="checkbox"/> Good	<input type="checkbox"/> Flood (in)
<input type="checkbox"/> Hazy	<input type="checkbox"/> Choppy	<input type="checkbox"/> Light (1>8kt)	<input type="checkbox"/> E <input type="checkbox"/> SE	<input type="checkbox"/> Fair	<input type="checkbox"/> Ebb (out)
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Rough	<input type="checkbox"/> Moderate (8>15kt)	<input type="checkbox"/> S <input type="checkbox"/> SW	<input type="checkbox"/> Poor	<input type="checkbox"/> Slack
<input type="checkbox"/> Rain	<input type="checkbox"/> Very Rough	<input type="checkbox"/> Strong (15>30kt)	<input type="checkbox"/> W <input type="checkbox"/> NW	<input type="checkbox"/> Darkness (Night Time)	
<input type="checkbox"/> Flood	<input type="checkbox"/> Strong Current	<input type="checkbox"/> Storm (Over 30kt)			

## FATALITIES AND SERIOUS INJURY

Number of fatalities: Vessel 1 .....Vessel 2 .....Other .....

\* Number of serious injuries: Vessel 1 .....Vessel 2 .....Other .....

\* Number of minor injuries: Vessel 1 .....Vessel 2 .....Other .....

\* Serious Injury = Hospitalisation, other than for observation \* Minor Injury = First aid only given at site or at hospital

### Details of Deceased and Injured Persons

Name	Address	DOB	Gender M/F	Injury Type Fatal/Serious /Minor	Role on vessel (see Explanatory Note 10)	Hospital
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

## ALCOHOL AND DRUG TESTING

Name	Address	Telephone	DOB	Gender M/F	Role on vessel (see Explanatory Note 10)	Breath Test Analysis Result	Blood Analysis Result
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

## DETAILS OF WITNESSES

Name	Address	Telephone
.....	.....	.....
.....	.....	.....
.....	.....	.....

**DETAILS OF CREW ON BOARD COMMERCIAL VESSEL AT TIME OF INCIDENT**

Name	Address	Telephone	DOB	Role on vessel	Qualifications

Please use this section to draw a map of the area and details of the incident

A large grid for drawing a map of the area and details of the incident. The grid consists of 12 columns and 15 rows of squares, defined by dashed lines. The grid is intended for a hand-drawn map or diagram related to the incident.

**INCIDENT DESCRIPTION** – Describe what happened (sequence of events) include failure of equipment. If diagram is needed, use grid sheet. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the incident. Include any descriptive information about the use of PFDs (Lifejackets). List any witnesses who are prepared to give evidence).

**PERSON COMPLETING REPORT** (Please use BLOCK letters)

Name: .....	Telephone:
Address: .....	Private ( ) .....
.....P/Code:.....	Business ( ) .....
Signature:.....	Mobile .....
	Date...../...../.....

**NSW Maritime Use Only**

Area of Operation or Station (BSO or Police only):.....

Proposed further Action:.....

**Incident requiring no further action:**

- For information and recording only. Policy Unit to enter onto WALROS for incident  Completed
- Legal to enter File complete.  Completed
- Investigator's reasons why no further investigation required

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Investigator's Name .....Signature .....Date..... / ..... / .....

# EXPLANATORY NOTES

## Explanatory Note 1 – Incident Severity Rating

- Fatal incident
- Serious injury
- Vessel lost
- Other vessel damage
- Property damage only
- No damage

## Explanatory Note 2 – Boat Licence Type

- NSW General Boat Licence
- NSW Young Adult Boat Licence
- NSW PWC Licence
- NSW PWC Young Adult Boat Licence
- Other (please specify)

## Explanatory Note 3 – Certificate of Competency

- Coxswain
- Master Class V
- Master Class V Fishing/Skipper Grade 3
- Master Class IV
- Master Class IV Fishing/Skipper Grade 2
- Master Class III
- MED 3
- MED 2
- MED 1
- Local Knowledge
- Harbour & River Certificate
- Coxswain Pre-USL
- Driver Pre-USL
- NSW Certificate of Validity
- Certificate of Service

## Explanatory Note 4 – Commercial vessel Type

- Passenger vessel
- Non passenger vessel
- Fishing vessel (LFB)
- Hire and drive vessel
- Ferry
- Houseboat
- Commercial Sailing Boat
- Other (please specify)

## Explanatory Note 5 – Recreational vessel type

- Cabin runabout
- Motor Cruiser
- Canoe/kayak
- Houseboat
- Inflatable
- Open runabout
- Paddle (Row) Boat
- Personal Watercraft (Jet Ski)
- Sailing Vessel
- Other (please specify)

## Explanatory Note 6 – Hull Material

- Aluminium
- Ferro-cement
- Fibreglass
- Plywood
- Steel
- Timber
- Other (please specify)

## Explanatory Note 7 – Operation at time of incident

- Aground
- At Anchor/Moored
- Being Towed
- Berthed
- Drifting
- Fishing
- Fuelling
- Organised Competition/Aquatic Event
- Towing a vessel
- Underway
- Waterskiing/aquaplaning/parasailing
- Other (please specify)

## Explanatory Note 8 – Type of Incident

- Capsizing
- Close Quarter
- Collision with vessel
- Collision with fixed object
- Collision with floating object
- Collision with submerged object
- Explosion/Fire – fuel
- Explosion/Fire – non fuel
- Fall overboard
- Fall in vessel
- Grounding
- Hull splitting (structural failure)
- Person hit by vessel/propeller
- Sinking
- Swamping
- Unknown

## Explanatory Note 9 – Contributing Factors to Incident

- Excess Alcohol/Drugs
- Excessive Speed
- Fault of Equipment
- Fault of Hull
- Fault of Machinery
- Hazardous Waters
- Improper Loading
- Lack of Judgement
- No Proper Lookout
- Overloading
- Weather Conditions
- Other (please specify)
- Unknown

## Explanatory Note 10 – Role on Vessel

- Crew
- Master
- Passenger
- Skier
- Observer
- Swimmer