

NOTE

- When a marine accident occurs in connection with a vessel, the master of that vessel (and the owner of the vessel if aware of the accident) must send a report to Transport for NSW containing particulars of the accident as soon as practicable by the quickest means available.
- Failure to comply with this requirement is an offence.
- Submission of this form will satisfy your reporting obligations.
- Transport for NSW may contact you for further information to determine whether an investigation into the marine accident is required. If contacted you are obliged to provide details as requested to the best of your knowledge.

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 36 (option 2) (8.30am to 4.30pm) - 7 days a week. Please forward completed form to: Maritime Investigations Unit, NSW Maritime, Locked Bag 5100, CAMPERDOWN, NSW 1450 or email to maritimeincidents@transport.nsw.gov.au

Details of Incident

Date of incident:	Time of incident:	Waterway on which incident occurred:
Location on waterway:		Incident Severity Rating: (See Explanatory Note 1)

DETAILS OF OPERATOR (MASTER) – VESSEL 1

Surname:	
Given names:	
Date of birth: / / day month year	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:	
Suburb:	
State:	Postcode:
Private number:	Business number:
Mobile number:	
Email address:	

DETAILS OF OPERATOR (MASTER) – VESSEL 2

Surname:	
Given names:	
Date of birth: / / day month year	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:	
Suburb:	
State:	Postcode:
Private number:	Business number:
Mobile number:	
Email address:	

QUALIFICATIONS AND EXPERIENCE – VESSEL 1

Boat licence: (See Explanatory Note 2)
Licence type:
Licence number:
Expiry: / / day month year
Other: (Please specify)
Certificate of Competency: (See Explanatory Note 3)
Certificate type:
Certificate number:
Expiry: / / day month year

QUALIFICATIONS AND EXPERIENCE – VESSEL 2

Boat licence: (See Explanatory Note 2)
Licence type:
Licence number:
Expiry: / / day month year
Other: (Please specify)
Certificate of Competency: (See Explanatory Note 3)
Certificate type:
Certificate number:
Expiry: / / day month year

AYF qualifications	Type:	AYF qualifications	Type:
<input type="checkbox"/> Interstate	State (e.g. QLD):	<input type="checkbox"/> Interstate	State (e.g. QLD):
<input type="checkbox"/> International	Country (e.g. UK):	<input type="checkbox"/> International	Country (e.g. UK):
<input type="checkbox"/> Other	(please specify):	<input type="checkbox"/> Other	(please specify):

DETAILS OF OWNER – VESSEL 1		DETAILS OF OWNER – VESSEL 2	
Surname:		Surname:	
Given names:		Given names:	
Date of birth: / / day month year		Date of birth: / / day month year	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:		Residential address:	
Suburb:		Suburb:	
State:	Postcode:	State:	Postcode:
Private number:	Business number:	Private number:	Business number:
Mobile number:		Mobile number:	
Email address:		Email address:	

DETAILS OF VESSEL 1		DETAILS OF VESSEL 2	
Vessel name:		Vessel name:	
Commercial Vessel (See Explanatory Note 4)		Commercial Vessel (See Explanatory Note 4)	
Vessel type:		Vessel type:	
Survey/permit number:		Survey/permit number:	
Expiry: / / day month year		Expiry: / / day month year	
Recreational Vessel (See Explanatory Note 5)		Recreational Vessel (See Explanatory Note 5)	
Vessel type:		Vessel type:	
Vessel registration number:		Vessel registration number:	
Expiry: / / day month year		Expiry: / / day month year	
Hull Material (See Explanatory Note 6):		Hull Material (See Explanatory Note 6):	
People on Board:		People on Board:	
Adults Female:	Male:	Adults Female:	Male:
*Children Female:	Male:	*Children Female:	Male:
*Children are less than 12 years of age		*Children are less than 12 years of age	

DETAILS OF ENGINE – VESSEL 1 – ENGINE 1				DETAILS OF ENGINE – VESSEL 2 – ENGINE 1			
Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive				Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive			
Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼				Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼			
Manufacturer:		H/power:		Manufacturer:		H/power:	
DETAILS OF ENGINE – VESSEL 1 – ENGINE 2				DETAILS OF ENGINE – VESSEL 2 – ENGINE 2			
Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive				Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive			
Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼				Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼			
Manufacturer:		H/power:		Manufacturer:		H/power:	
DAMAGE TO VESSEL AND/OR PROPERTY							
VESSEL 1 – DAMAGE				VESSEL 2 – DAMAGE			
<input type="checkbox"/> Lost <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> No Damage				<input type="checkbox"/> Lost <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> No Damage			
Vessel \$		Property \$		Vessel \$		Property \$	
NATURE OF INCIDENT							
VESSEL 1				VESSEL 2			
Operation at Time of Incident: (See Explanatory Note 7)				Operation at Time of Incident: (See Explanatory Note 7)			
Type of Incident: (See Explanatory Note 8)				Type of Incident: (See Explanatory Note 8)			
Contributing Factors to Incident: (See Explanatory Note 9)				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"/> Hazy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Flood	<input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Very Rough <input type="checkbox"/> Strong Current	<input type="checkbox"/> None <input type="checkbox"/> Light (1>9kt) <input type="checkbox"/> Moderate (10>15kt) <input type="checkbox"/> Fresh (16>25kt) <input type="checkbox"/> Gale (Over 25kt)	<input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Darkness (Night Time)	<input type="checkbox"/> Flood (in) <input type="checkbox"/> Ebb (out) <input type="checkbox"/> Slack		
DETAILS OF DECEASED AND INJURED PERSONS							
Serious injury = Hospitalisation, other than for observation, Minor Injury = First aid only given at site or at hospital							
Name	Address	DOB	Gender M/F	Injury Type Fatal/Serious/Minor	Role on vessel (See Explanatory Note 10)	Hospital Name	Lifejacket worn Yes/No

ALCOHOL AND DRUG TESTING

Name	Address	Telephone	DOB	Gender M/F	Role on vessel (See Explanatory Note 10)	Breath Test 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 (See Explanatory Note 10)	Qualifications

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

Personal Information Collection Notice: Section 99 of the *Maritime Safety Act 1998* requires Masters of vessels (and Owners if they are aware of the accident) to provide a marine accident report. Our Privacy Statement explains how we will use and manage your Personal Information in accordance with the *Privacy and Personal Information Act 1998*, and, where relevant, the *Health Records and Information Privacy Act 2002*. You can obtain a copy of our Privacy Statement at www.transport.nsw.gov.au/privacy-statement or call us on **13 12 36 (option 2)** to request a copy.

PERSON COMPLETING REPORT *(Please use BLOCK letters)*

Name:		
Address:		Private number:
Suburb:		Business number:
State:	Postcode:	Mobile number:
Signature:		Date: / / day month year

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 PWC Licence
- Other (please specify)

Explanatory Note 3 – Certificate of Competency

- Coxswain
- Master NC < 24m
- Master NC < 35m
- Master/Mate NC < 80m
- Master (Inland Waters)
- Master Class III
- MED 3 NC
- MED 2 NC
- MED 1 NC
- Engineer Class 3 NC

Explanatory Note 4 – Commercial vessel Type

- Class 1 Passenger Vessel
- Class 2 Non Passenger Vessel
- Class 3 Fishing Boat
- Class 4 Hire and Drive
- 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

- Alcohol/Drugs
- Excessive or Unsafe 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/Wakeboarder/Aquaplaner
- Observer
- Swimmer/Diver