

Marine Incident Report

This form is to be completed by the ship Owner or Master at the time of the incident and returned, with all supporting documents, to your local Maritime Safety Queensland regional office or Queensland Police Service (Water Police) or Queensland Boating and Fisheries Patrol Office.

Incident description

Position of incident

Latitude ° 'S Longitude ° 'E Body of water/Landmark Bearing Distance

Location

Inland waters Smooth waters Partially smooth waters Offshore

Date / / Time am pm

Type of incident

<input type="checkbox"/> Collision	<input type="checkbox"/> Grounding	<input type="checkbox"/> Loss of ship	<input type="checkbox"/> Onboard incident
<input type="checkbox"/> between ships	<input type="checkbox"/> unintentional	<input type="checkbox"/> Structural failure	<input type="checkbox"/> falls within ship
<input type="checkbox"/> with a fixed object	<input type="checkbox"/> intentional	<input type="checkbox"/> Loss of stability	<input type="checkbox"/> crushing or pinching
<input type="checkbox"/> with floating object	<input type="checkbox"/> Capsizing	<input type="checkbox"/> Fire	<input type="checkbox"/> other onboard injury
<input type="checkbox"/> with an animal	<input type="checkbox"/> sinking	<input type="checkbox"/> Explosion	<input type="checkbox"/> Other personal injury
<input type="checkbox"/> with overhead obstruction	<input type="checkbox"/> swamping	<input type="checkbox"/> Person overboard	<input type="checkbox"/> hit by propeller or ship
<input type="checkbox"/> with submerged object	<input type="checkbox"/> flooding		<input type="checkbox"/> water ski incident
<input type="checkbox"/> with wharf			<input type="checkbox"/> parasailing incident
			<input type="checkbox"/> diving incident
			<input type="checkbox"/> other personal injury caused by operation of ship

Incident Severity Rating

No. of ships involved *Note - if more than 2 ships were involved attach details on a separate sheet*

Fatality No. of persons Injury No. of persons Ship lost Damage to property only
 Ship damaged No damage

Environmental Conditions

Weather

Clear Hazy Cloudy Rain Flood Other

Water conditions

Calm Choppy Rough Very Rough Strong current

Wind speed

None Light (up to force 2 / 1-7 knots) Moderate (force 3-4 / 8-16 knots)
 Strong (force 5-7 / 17-33 knots) Gale (force 8 and above / more than 33 knots)

Visibility

Good Fair Poor

Time of day

Day Night Twilight

Wind direction

Wind coming from

Ships involved

Own ship

Ship owner's details

Owner's name

Telephone (business hours) Telephone (after hours)

Address

Ship details

Name of ship

Official Registration no. Registering Authority

Length (metres) Beam (metres) Year built

No. of passengers on board No. of crew on board

Other ship

Ship owner's details

Owner's name

Telephone (business hours) Telephone (after hours)

Address

Ship details

Name of ship

Official Registration no. Registering Authority

Length (metres) Beam (metres) Year built

No. of passengers on board No. of crew on board

Ships involved - *continued*

Own ship

Type

- passenger PWC (jetski) sailing boat
 non passenger motorboat houseboat
 fishing speedboat rowing boat
 hire & drive (planing hull) catamaran

Other (*describe*)

Commercial USL Class Recreational
 Fishing

Engine

- Outboard Inboard/Outboard
 Inboard Petrol None
 Inboard Diesel Other (*please specify*)

No. of engines Engine power HP
KW

Hull material

- Steel Ferro-cement
 Fibreglass/GRP Timber
 Marine alloy
 Other (*describe*)

Damage to ship

- Lost Moderate damage
(damaged but ship remains seaworthy)
 Major damage No damage
(ship unseaworthy)

Other ship

Type

- passenger PWC (jetski) sailing boat
 non passenger motorboat houseboat
 fishing speedboat rowing boat
 hire & drive (planing hull) catamaran

Other (*describe*)

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 Other (*describe*)

Damage to ship

- Lost Moderate damage
(damaged but ship remains seaworthy)
 Major damage No damage
(ship unseaworthy)

Persons involved

Own ship

Deceased or injured persons

Name of deceased or injured person

Gender Male Female Date of birth / /

Address

Telephone (business hours) Telephone (after hours)

Injury status

- Fatality Missing person
 Serious injury Minor injury (not requiring hospital
treatment)

Activity of injured or deceased

- Person in charge (Master) Jet-skier
 Person at helm Surf ski/surf board rider
 Crew Swimmer
 Passenger on vessel Diver
 Water-skier Other
 Para-flier

Other ship

Deceased or injured persons

Name of deceased or injured person

Gender Male Female Date of birth / /

Address

Telephone (business hours) Telephone (after hours)

Injury status

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Activity of injured or deceased

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 Person at helm Surf ski/surf board rider
 Crew Swimmer
 Passenger on vessel Diver
 Water-skier Other
 Para-flier

Persons involved - continued

Own ship

Masters details

Master's name

Gender

Male Female

Date of birth

 / /

Licence type and grade (e.g. Master 5)

Licence no.

Issuing Authority

Issue date

Expiry date (if applicable)

 / / / /

Address

Telephone (business hours)

Telephone (after hours)

Watchkeeper / Person at the helm

Role

Master Crewmember Passenger

Name

Gender

Male Female

Date of birth

 / /

Licence type and grade (e.g. Master 5)

Licence no.

Issuing Authority

Issue date

Expiry date (if applicable)

 / / / /

Address

Telephone (business hours)

Telephone (after hours)

Other ship

Masters details

Master's name

Gender

Male Female

Date of birth

 / /

Licence type and grade (e.g. Master 5)

Licence no.

Issuing Authority

Issue date

Expiry date (if applicable)

 / / / /

Address

Telephone (business hours)

Telephone (after hours)

Watchkeeper / Person at the helm

Role

Master Crewmember Passenger

Name

Gender

Male Female

Date of birth

 / /

Licence type and grade (e.g. Master 5)

Licence no.

Issuing Authority

Issue date

Expiry date (if applicable)

 / / / /

Address

Telephone (business hours)

Telephone (after hours)

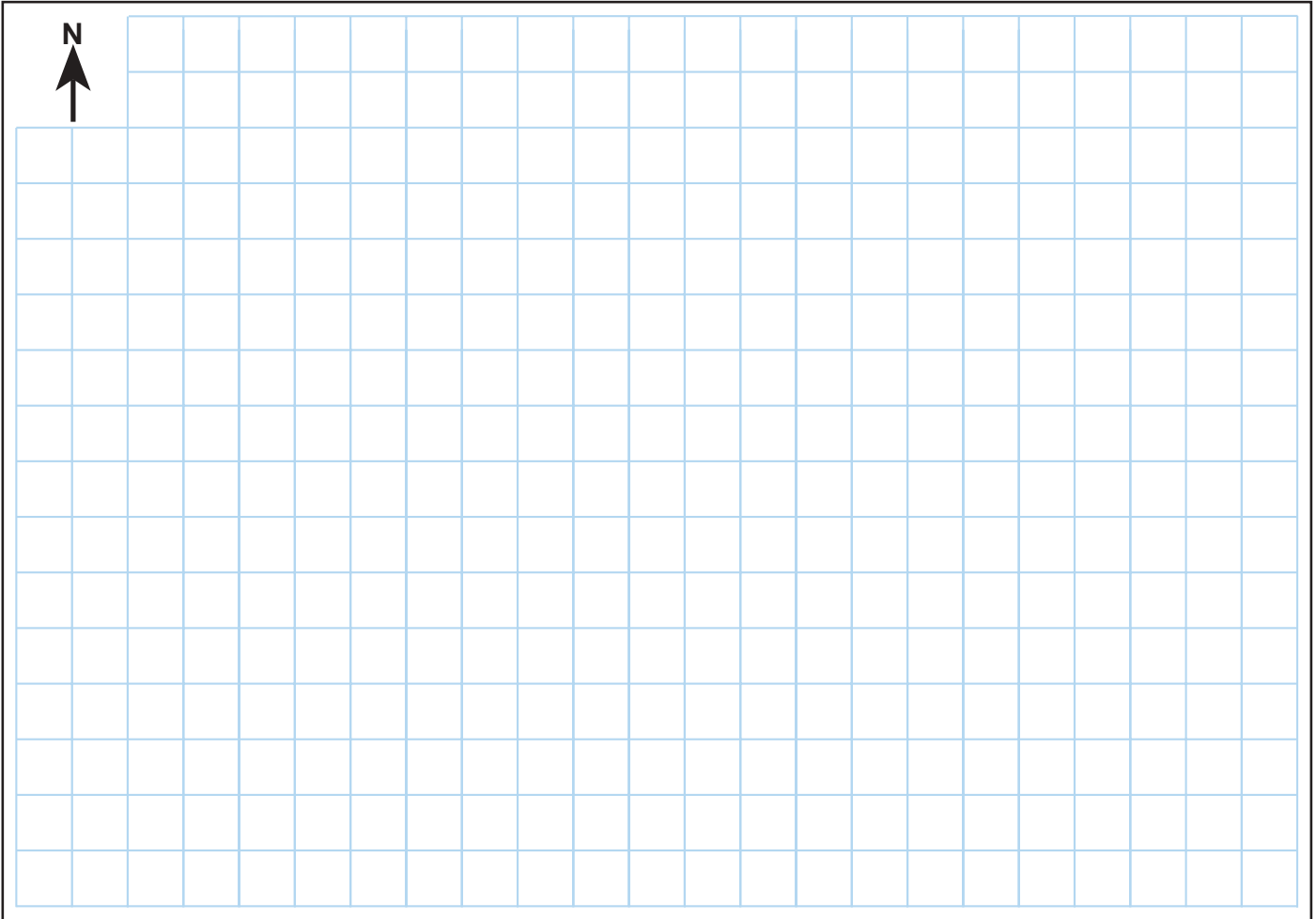
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Privacy Disclaimer

Maritime Safety Queensland provides this form under the *Transport Operations (Marine Safety) Act 1994* to assist in the management and limitation of adverse occurrences in Queensland waters. Some of the information may be released to other Queensland government agencies and marine authorities. Authorised departmental staff have access to this information and will not disclose your details to any other third party without your consent or unless required 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.)



A large grid of blue lines for drawing or writing, with a north arrow in the top-left corner. The grid is 18 columns wide and 25 rows high. The north arrow consists of a vertical line pointing upwards with an arrowhead at the top and the letter 'N' positioned above it.

Owner/Master's Report

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Assistance rendered/received at incident

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Signature (Owner/Master) _____ **Date** ____/____/____

Name (please print) _____

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