



# INCIDENT REPORT

**NOTE:** This form must be sent to [reports@amsa.gov.au](mailto:reports@amsa.gov.au) by the Owner, Operator or Master within 72 hours of the incident. Find out more about incident reporting and your reporting obligations at <https://www.amsa.gov.au/marine-incident-reporting-0>  
For pollution reporting, please visit <https://www.amsa.gov.au/marine-environment/marine-pollution/general-marine-pollution-reporting>

## PART A: VESSEL INFORMATION

|   |                                   |      |
|---|-----------------------------------|------|
| Vessel name   |                                   | Flag |
| IMO number (if applicable)  | Unique identifier (if applicable) |      |
| Master  |                                   |      |
| Operator/Company name   |                                   |      |
| Responsible person  |                                   |      |
| Contact details   |                                   |      |
| Domestic commercial vessel (please tick if applicable)  |                                   |      |
| Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  |                                   |      |
| Operational Area: <input type="checkbox"/> A <input type="checkbox"/> B Ext <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C Rest <input type="checkbox"/> D <input type="checkbox"/> E |                                   |      |

## PART C: WHAT HAPPENED?

Describe Who, What, When, Where, How the incident occurred.

## PART B: INCIDENT DETAILS

|  |                     |
|--|---------------------|
| Date   | Time<br>Local: UTC: |
| Voyage<br>From: To:  |                     |
| Location description   |                     |
| Lat  | Long                |
| Weather  |                     |
| Visibility<br><input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> Unknown |                     |
| Number of Persons on board<br>Crew: Passengers: Other:   |                     |

### Vessel activity at the time of the incident

- Underway     Berthed     Towing  
 Berthing/Unberthing     Anchored     Fishing/Unloading  
 Loading/Unloading     Being towed     Other (specify):

Pilot on board?  Yes  No

Cargo on board?  Yes  No

Cargo type: \_\_\_\_\_

### Occurrence Type (please tick as relevant)

- |   |  |
|---|--|
| <input type="checkbox"/> Injury                                     | <input type="checkbox"/> Foundering/sinking/presumed lost    |
| <input type="checkbox"/> Illness                                    | <input type="checkbox"/> Listing/capsize                     |
| <input type="checkbox"/> Death                                      | <input type="checkbox"/> Flooding                            |
| <input type="checkbox"/> Medical evacuation                         | <input type="checkbox"/> Fire/smoke                          |
| <input type="checkbox"/> Person overboard with lifejacket           | <input type="checkbox"/> Loss of cargo/dangerous goods       |
| <input type="checkbox"/> Person overboard without lifejacket        | <input type="checkbox"/> Leakage/spillage of dangerous goods |
| <input type="checkbox"/> Equipment/machinery failure                | <input type="checkbox"/> MARPOL issues                       |
| <input type="checkbox"/> Contact with something other than a vessel | <input type="checkbox"/> Near miss/<br>Dangerous occurrence  |
| <input type="checkbox"/> Collision with another vessel              | <input type="checkbox"/> Other (specify below):              |
| <input type="checkbox"/> Grounding                                  | _____  |
| <input type="checkbox"/> Damage                                     |  |
| <input type="checkbox"/> Disabled                                   |  |

## PART D: WHAT WERE THE CAUSES?

Please state why you think the incident happened?

**PART E: WHAT ARE THE ACTION(S) TAKEN AS A RESULT OF THIS INCIDENT?**

Please state what has been done or will be done to prevent this incident from reoccurring

**PART F: ADDITIONAL COMMENTS AND/OR DRAWINGS**

Include any documentation or photos on the incident

**PART G: DETAILS OF PERSON COMPLETING THE REPORT**

|                           |           |
|---------------------------|-----------|
| Name                      | Rank/Role |
| Contact details           | Signature |
| Phone: _____ Email: _____ | / /       |

For information about how we collect, use and disclose your personal information, please visit the AMSA privacy policy at [www.amsa.gov.au/privacy](http://www.amsa.gov.au/privacy)

**PART H: AFFECTED PERSON (if relevant)**

Please complete the following for each affected person

|  |  |  |
|--|--|--|
| Number of persons affected                               | Incident occurred while on duty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name   | Gender   | Australian resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address  | Nationality  | Date of birth  |
| Rank/role  | Type of CoC / Licence / Grade  | Seafarer ID/PIN  |
| Hours on duty<br>Time on:                      Time off: | Type of Injury or Illness  |  |
| Date left ship   | Expected period of incapacity  |  |
| Treatment given  |  |  |

|  |  |  |
|--|--|--|
| Number of persons affected                               | Incident occurred while on duty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name   | Gender   | Australian resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address  | Nationality  | Date of birth  |
| Rank/role  | Type of CoC / Licence / Grade  | Seafarer ID/PIN  |
| Hours on duty<br>Time on:                      Time off: | Type of Injury or Illness  |  |
| Date left ship   | Expected period of incapacity  |  |
| Treatment given  |  |  |

|  |  |  |
|--|--|--|
| Number of persons affected                               | Incident occurred while on duty?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name   | Gender   | Australian resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address  | Nationality  | Date of birth  |
| Rank/role  | Type of CoC / Licence / Grade  | Seafarer ID/PIN  |
| Hours on duty<br>Time on:                      Time off: | Type of Injury or Illness  |  |
| Date left ship   | Expected period of incapacity  |  |
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**NOTE:** Your personal information is being collected to deliver AMSA's functions under the Australian Maritime Safety Authority Act 1990, the Navigation Act 2012 and/or the Marine Safety (Domestic Commercial Vessel) National Law Act 2012. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy (visit [www.amsa.gov.au/privacy](http://www.amsa.gov.au/privacy)).