

Report of a recreational vessel involved in a marine incident

Section 117 of the Marine Act states that:

The master of a recreational vessel that is involved in, or causes, a marine incident commits an offence if he or she fails to report the incident to the Director as soon as practicable after it occurs and, in any event, not later than 4pm on the next business day.

Failure to comply carries a maximum penalty of 100 penalty points (\$15,400.00 as of 1st July 2016)

A marine incident means any one of the following:

- (a) the death of a person associated with the operation or navigation of a vessel
- (b) an injury to a person associated with the operation or navigation of a vessel that requires or results in treatment by a medical practitioner
- (c) the loss or presumed loss of a vessel
- (d) a collision of a vessel with another vessel
- (e) a collision by a vessel with an object
- (f) the grounding, sinking, flooding or capsizing of a vessel
- (g) a fire on board a vessel
- (h) a loss of stability of a vessel that affects the safety of the vessel
- (i) the structural failure of a vessel
- (j) a situation in which vessels pass each other, or a vessel passes another vessel, a person or an object, in such proximity that a reasonable person would conclude that in all the circumstances there was a risk of an imminent collision
- (k) an event that results in, or could have resulted:
 - i. the death of, or an injury of a kind mentioned in paragraph (b) to, a person on board a vessel; or
 - ii. the loss of a person from a vessel; or
 - iii. a vessel becoming disabled and requiring assistance
- (l) the fouling or damaging by a vessel of:
 - i. any pipeline or submarine cable; or
 - ii. an aid to navigation as defined in section 14(1) of the Navigation Act 2012 (Cth)
- (m) a prescribed incident involving a vessel.

Particulars of accident or other occurrence

Date of incident		Time of incident					
Location	Inland waters	<input type="checkbox"/>	Incident type	Collision	<input type="checkbox"/>	Grounding	<input type="checkbox"/>
	Intermediate waters	<input type="checkbox"/>		Capsizing	<input type="checkbox"/>	Sinking	<input type="checkbox"/>
	Open waters	<input type="checkbox"/>		Swamping	<input type="checkbox"/>	Flooding	<input type="checkbox"/>
				Loss of vessel	<input type="checkbox"/>	Structural failure	<input type="checkbox"/>
				Loss of stability	<input type="checkbox"/>	Fire	<input type="checkbox"/>
				Explosion	<input type="checkbox"/>	Person overboard	<input type="checkbox"/>
				Onboard incident	<input type="checkbox"/>	Other personal injury	<input type="checkbox"/>
				Breakdown	<input type="checkbox"/>	Require tow	<input type="checkbox"/>
				Electrical	<input type="checkbox"/>	Run out of fuel	<input type="checkbox"/>
Please state the actual area incident occurred e.g Darwin/Bynoe Harbour, latitude/longitude or bearing/distance from landmark _____ _____ _____			Incident severity	Fatal accident	<input type="checkbox"/>	Other vessel damage	<input type="checkbox"/>
				Serious injury	<input type="checkbox"/>	Damage property only	<input type="checkbox"/>
				Vessel loss	<input type="checkbox"/>	No damage	<input type="checkbox"/>

Environmental conditions										
Weather	Clear	<input type="checkbox"/>	Hazy	<input type="checkbox"/>	Cloudy	<input type="checkbox"/>	Rain	<input type="checkbox"/>	Flood	<input type="checkbox"/>
Water conditions	Calm	<input type="checkbox"/>	Choppy	<input type="checkbox"/>	Rough	<input type="checkbox"/>	Very rough	<input type="checkbox"/>	Strong current	<input type="checkbox"/>
Wind	None					<input type="checkbox"/>	Light (1 ≥ 8 knots)			<input type="checkbox"/>
	Moderate (> 8 ≥ 15 knots)					<input type="checkbox"/>	Strong (>15 ≥ 30 knots)			<input type="checkbox"/>
	Storm (over 30 knots)					<input type="checkbox"/>				
Visibility	Good	<input type="checkbox"/>	Fair		<input type="checkbox"/>	Poor				<input type="checkbox"/>

Contributing factors										
Human	Alcohol or drugs					<input type="checkbox"/>	Error of judgement			<input type="checkbox"/>
	Excessive speed					<input type="checkbox"/>	Failure to keep a proper lookout			<input type="checkbox"/>
	Fatigue					<input type="checkbox"/>	Inexperience			<input type="checkbox"/>
	Insecure mooring					<input type="checkbox"/>	Lack of fuel			<input type="checkbox"/>
	Lack of maintenance					<input type="checkbox"/>	Navigational error			<input type="checkbox"/>
	Overloading					<input type="checkbox"/>				
Material	Inadequate stability					<input type="checkbox"/>	Equipment failure:			
							Electrtical			<input type="checkbox"/>
							Navigation			<input type="checkbox"/>
							Machinery			<input type="checkbox"/>
							Hull failure			<input type="checkbox"/>
Environmental	Restricted visibility					<input type="checkbox"/>	Bar conditions			<input type="checkbox"/>
	Wash of a passing vessel					<input type="checkbox"/>	Floating or submerged object			<input type="checkbox"/>
	Wind/sea state					<input type="checkbox"/>	Tidal conditions			<input type="checkbox"/>
	Other environmental factors					<input type="checkbox"/>				
Cause of incident	Unknown					<input type="checkbox"/>				

Particulars of accident or other occurrence

Please detail the circumstances leading up to the accident, details of the other vessel(s) involved, etc

Vessel details

Vessel name:

Vessel name		Vessel length				
RECREATIONAL						
	Motorboat	<input type="checkbox"/>	PWC (jet ski)	<input type="checkbox"/>	<input type="checkbox"/>	
	Houseboat	<input type="checkbox"/>	Sailing boat	<input type="checkbox"/>	<input type="checkbox"/>	
	Paddle (row) boat	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
Hull material	Steel	<input type="checkbox"/>	Fibreglass	<input type="checkbox"/>	Propulsion type	
	Aluminium	<input type="checkbox"/>	Ferro-cement	<input type="checkbox"/>		Inboard
	Timber	<input type="checkbox"/>	Other	<input type="checkbox"/>		Outboard
					Sail	
Fuel type	Diesel	<input type="checkbox"/>	Petrol	<input type="checkbox"/>	LPG	
Number of passengers						
Vessel damage	Vessel lost	<input type="checkbox"/>	Major vessel damage	<input type="checkbox"/>	<input type="checkbox"/>	
	Moderate vessel damage	<input type="checkbox"/>	No damage	<input type="checkbox"/>	<input type="checkbox"/>	

Details of the person at the helm of the vessel at the time of the incident

Surname					Given names					
Address										
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile				
Qualifications	Certificate type			Grade						
	Issue date			Expiry date						
	Issue authority									
Injury status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>	Missing person	<input type="checkbox"/>
Injury types										

Details of person onboard if there are more than three persons. If more than three, submit their details on a separate piece of paper attached to this report

Person 1

Surname					Given names					
Address										
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile				
Injury status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>	Missing person	<input type="checkbox"/>
Injury types										

Person 2

Surname					Given names		
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Address						
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile
Injury status	N/A	<input type="checkbox"/> Fatality	<input type="checkbox"/> Serious injury	<input type="checkbox"/> Minor injury	<input type="checkbox"/> Missing person	
Injury types						

Person 3

Surname			Given names			
Address						
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile
Injury status	N/A	<input type="checkbox"/> Fatality	<input type="checkbox"/> Serious injury	<input type="checkbox"/> Minor injury	<input type="checkbox"/> Missing person	
Injury types						

Deceased/injured person(s)

Details of the injury, activity and injury status of the person(s) at the time of the incident. If there are more than three persons, please submit their details on a separate piece of paper and attach it to this report

Person 1

Surname			Given names					
Address								
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile		
Activity	Passenger on vessel	<input type="checkbox"/> Swimmer		<input type="checkbox"/>				
	Water skier	<input type="checkbox"/> Jet skier		<input type="checkbox"/>				
	Para flier	<input type="checkbox"/> Surf ski/surf board rider		<input type="checkbox"/>				
	Diver	<input type="checkbox"/> Other		<input type="checkbox"/>				
Injury status	Fatality	<input type="checkbox"/>	Serious injury	<input type="checkbox"/>	Minor injury	<input type="checkbox"/>	Missing person	<input type="checkbox"/>
Injury types								

Person 2

Surname			Given names			
Address						
Date of birth		Male/Female	Contact numbers	Work	Home	Mobile

Vessel name:

Activity	Passenger on vessel	<input type="checkbox"/>	Swimmer	<input type="checkbox"/>
	Water skier	<input type="checkbox"/>	Jet skier	<input type="checkbox"/>
	Para flier	<input type="checkbox"/>	Surf ski/surf board rider	<input type="checkbox"/>
	Diver	<input type="checkbox"/>	Other	<input type="checkbox"/>
Injury status	Fatality <input type="checkbox"/>	Serious injury <input type="checkbox"/>	Minor injury <input type="checkbox"/>	Missing person <input type="checkbox"/>
Injury types				
<i>Person 3</i>				
Surname			Given names	
Address				
Date of birth		Male/Female	Contact numbers	Work Home Mobile
Activity	Passenger on vessel	<input type="checkbox"/>	Swimmer	<input type="checkbox"/>
	Water skier	<input type="checkbox"/>	Jet skier	<input type="checkbox"/>
	Para flier	<input type="checkbox"/>	Surf ski/surf board rider	<input type="checkbox"/>
	Diver	<input type="checkbox"/>	Other	<input type="checkbox"/>
Injury status	Fatality <input type="checkbox"/>	Serious injury <input type="checkbox"/>	Minor injury <input type="checkbox"/>	Missing person <input type="checkbox"/>
Injury types				
Comments				
Name of person making report				

Vessel name:

Signature of person making report		Date/...../.....	
Address			
Telephone number	Work:	Home:	Mobile:

OFFICE USE ONLY

Vessel name			
Circulation	Initial/date	Initial comments	
Principal Nautical Officer			
Principal Marine Safety Officer			
Nautical Safety Officer			
Date report acknowledged		Action officer	
File number:	Incident number:	Related files:	
Entered on Marine System by:		Date entered:	Action file number:
Comments/recommendations			

For further information contact
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