Marine Safety

Important Information

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 4 pm on the next business day.

Failure to comply carries a maximum penalty of 100 penalty units ($17,600 as of 1st July 2023)

A marine incident means any of the following:

1. the death of a person associated with the operation or navigation of a vessel;
2. an injury to a person associated with the operation or navigation of a vessel that requires or results in treatment by a medical practitioner;
3. the loss or presumed loss of a vessel;
4. a collision of a vessel with another vessel;
5. a collision by a vessel with an object;
6. the grounding, sinking, flooding or capsizing of a vessel;
7. a fire on board a vessel
8. a loss of stability of a vessel that affects the safety of the vessel;
9. the structure failure of a vessel;
10. a situation in which vessels pass each other, or 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;
11. an event that results in, or could have resulted in:
12. the death of, or an injury of a kind mentioned in paragraph (b) to, a person on board a vessel; or
13. the loss of a person from a vessel; or
14. a vessel becoming disabled and requiring assistance;
15. the fouling or damaging by a vessel of:
16. any pipeline or submarine cable; or
17. an aid to navigation as defined in section 14 (1) of the Navigation Act 2012 (Cth);
18. a prescribed incident involving a vessel.

Completing this form with as much details as possible will enable Marine Safety to conduct a comprehensive analysis of the incident and shape potential educational campaigns based on the finding and outcomes of any incidents.

**If you have to provide details of more than three persons than submit their details on a separate paper or make additional copy of person’s details page and attach to the incident report.**

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| --- | --- | --- | --- | --- |
| Particulars of accident, incident or other occurrence | | | | |
| Date of incident |  | | | |
| **Time of incident** |  | | | |
| Location  Category of water | Inland Waters  Non tidal areas, billabongs etc | Intermediate Waters  Tidal rivers up to 2nm from the coastline Eg. Darwin Harbour, Bynoe Harbour | Open Waters  2nm from the coastline | |
| Actual location of incident  Give details | Eg. Darwin Harbour, Daly River, Shady Camp. | | **Latitude** |  |
| **Longitude** |  |
| Search and rescue involved | | Yes  No | | |
| **Police report** **submitted** | | Yes  No | | |
| Incident type  Tick all that apply | |  |  | | --- | --- | | Collision | Grounding | | Capsizing | Sinking | | Swamping | Flooding | | Loss of Vessel | Structural Failure | | Loss of Stability | Fire | | Explosion | Person Overboard | | On-board Incident  Breakdown  Electrical  Crocodile encounter | Other Personal Injury  Require Tow  Run out of Fuel  Other ……………………………… |   Marine animal – please specify ………………………………………………………………….. | | | |
| Incident severity | |  |  | | --- | --- | | Fatal Accident | Other Vessel Damage | | Serious Injury | Damage to Property Only | | Vessel Lost | No Damage | | | | |

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| Environmental Conditions: | |
| Weather | Clear  Hazy  Cloudy  Rain  Flood |
| Water | Calm  Choppy  Rough  Very Rough  Strong Current |
| Wind | None  Light (1 ≥ 8 knots)  Moderate (>8 ≥ 15 knots)  Strong (>15 ≥ 30 knots)  Storm (over 30 knots) |
| Visibility | Good  Fair  Poor  Night-time |
| Tide | Flood (incoming)  Ebb (outgoing)  Slack |
| Current | Weak (<1 knot)  Moderate (≥1 knot <2 knots)  Strong (≥2 knots) |
| Wind direction | N  NE  E  SE  S  SW  W  NW |
| Contributing Factors: Tick all that apply | |
| Human | |  |  | | --- | --- | | Alcohol or Drugs | Error of Judgement | | Fatigue | Inexperience | | Other Human Factors. Specify ……………………………………………………............ | | | |
| Operating | |  |  | | --- | --- | | Excessive Speed  Lack of Maintenance  Lack of Fuel | Failure to Keep a Proper Lookout  Navigational Error  Overloading | | Other Operating Factors. Specify ……………………………………………………............ | | | |
| Material | |  |  | | --- | --- | | Electrical Failure | Machinery Failure | | Navigation Failure | Hull Failure | | Inadequate Stability | Insecure Mooring | | Other Material Factors. Specify ……………………………………………………............ | | | |
| Environmental | |  |  | | --- | --- | | Restricted Visibility | Bar Conditions | | Wash of a Passing Vessel | Floating or Submerged Object | | Wind or Seas State | Tidal Conditions | | Other Environmental Factors. Specify ……………………………………………. | |   . |
| Unknown | Specify …………………………………………………………………………………………………………….. |

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| Please detail the circumstances leading up to the incident, actual incident, other vessels(s) involved, cause of the incident etc. | | | |
| For example please include - What were the operating conditions, what you were doing prior? What actually happened? Other vessels involved. In your opinion what caused the accident? | | | |
| Vessel Details | | | |
| Vessel name |  | **Number of passengers** |  |
| **Vessel length** |  | | |
| Type of vessel | |  |  | | --- | --- | | Motorboat | Houseboat | | Paddle (row) Boat | PWC or Jet Ski | | Sailing Boat | Other. Specify ……………………………. | | | |
| Hull material | |  |  | | --- | --- | | Aluminium | Fiberglass | | Timber | Steel | | Other. Specify …………………………………………………………………………………………………. | | | | |
| Propulsion type | Outboard  Inboard  Sail  Paddle   |  | | --- | | Other. Specify …………………………………………………………………………………………………. | | | |
| Fuel type | Petrol  Diesel  LPG  Electric | | |
| Vessel damage | |  |  | | --- | --- | | No Damage | Moderate Vessel Damage | | Major Vessel Damage | Vessel Lost | | | |

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| **Details of person at the helm of the vessel at the time of the incident** | | | | | | |
| Surname |  | | | **Given name** |  | |
| Address |  | | | | | |
| Date of birth |  | Male Female Other | | **Contact number** | |  |
| Email address |  | | | **Drivers licence No.** | |  |
| Marine qualifications | Certificate Type | | Grade | | | |
| Issue Date | | Expiry | | | |
| Issuing Authority | | | | | |
| Injury status | N/A  Minor Injury  Serious Injury  Missing Person  Fatality | | | | | |
| Treatment required | None  First Aid  Doctors  Hospitalisation | | | | | |
| Injury details |  | | | | | |

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| **Details of persons on-board or involved – Person 1**  **If there are more than three other persons, submit their details on another piece of paper and attached it to this report** | | | | | | | | | |
| Surname |  | | | | **Given name** | |  | | |
| Address |  | | | | | | | | |
| Date of birth |  | Male Female Other | | | **Contact number** | | | |  |
| Email address |  | | | | **Drivers licence No.** | | | |  |
| Activity | Passenger on vessel  Water Skier  Para Flier | | Swimmer  Jet Skier  Diver | | | Surf Ski/Surf Board Rider  Other …………………………………................... | | | |
| Injury status | N/A  Minor Injury  Serious Injury  Missing Person  Fatality | | | | | | | | |
| Treatment required | None  First Aid  Doctors  Hospitalisation | | | | | | | | |
| Injury details |  | | | | | | | | |
| **Person 2** | | | | | | | | | |
| Surname |  | | | | **Given name** | | |  | |
| Address |  | | | | | | | | |
| Date of birth |  | Male Female Other | | | **Contact number** | | | |  |
| Email address |  | | | | **Drivers licence No.** | | | |  |
| Activity | Passenger on vessel  Water Skier  Para Flier | | Swimmer  Jet Skier  Diver | | | Surf Ski/Surf Board Rider  Other …………………………………................... | | | |
| Injury status | N/A  Minor Injury  Serious Injury  Missing Person  Fatality | | | | | | | | |
| Treatment given | None  First Aid  Doctors  Hospitalisation | | | | | | | | |
| Injury details |  | | | | | | | | |
| **Person 3** | | | | | | | | | |
| Surname |  | | | | **Given name** | | |  | |
| Address |  | | | | | | | | |
| Date of birth |  | Male Female Other | | | **Contact number** | | | |  |
| Email address |  | | | | **Drivers licence No.** | | | |  |
| Activity | Passenger on vessel  Water Skier  Para Flier | | | Swimmer  Jet Skier  Diver | | Surf Ski/Surf Board Rider  Other …………………………………................... | | | |
| Injury status | N/A  Minor Injury  Serious Injury  Missing Person  Fatality | | | | | | | | |
| Treatment required | Non  First Aid  Doctors  Hospitalisation | | | | | | | | |
| Injury details |  | | | | | | | | |

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| Collection notice | | | |
| The Department of Infrastructure Planning and Logistics respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to receive your recreational vessel incident report. You do not have to provide your personal information but if you choose not to, your report cannot be received as required by the *Marine Act*.  The information you provide will be accessible to Department of Infrastructure Planning and Logistics and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless:   * Authorised or required by law to do so * You have given us your consent to share your personal information for a specific purpose.   You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT[[1]](#footnote-1). | | | |
| **Details of Person Making the Report**  I declare that the information provided by me in this incident report is true to the best of my knowledge and belief. I have made this report knowing that if it is tendered in evidence, I will be guilty of a crime if I have wilfully included in this report anything which I know to be false or that I do not believe to be true. | | | |
| **Full name** |  | **Date** | ……. /……. /……. |
| **Address** |  | | |
| **Email** |  | | |
| **Signature** |  | **Contact number** |  |

Further Information

Email completed form to [marine.safety@nt.gov.au](mailto:marine.safety@nt.gov.au) or mail to Marine Safety GPO Box 2520, Darwin City NT or hand deliver to 18-20 Cavenagh Street Energy House Level 2 Darwin City.

If you have any questions about the form, email [marine.safety@nt.gov.au](mailto:marine.safety@nt.gov.au) or phone 08 8924 7100.

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| --- | --- | --- | --- |
| OFFICE USE ONLY | | | |
| Received by |  | | |
| Signed |  | **Date** | ……. /……. /……. |

1. <https://infocomm.nt.gov.au/> [↑](#footnote-ref-1)