



INCIDENT REPORT

NOTE: This form must be sent to 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 Local: UTC:
Voyage From: To:	
Location description	
Lat	Long
Weather	
Visibility <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> Unknown	
Number of Persons on board 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: _____

PART D: WHAT WERE THE CAUSES?

Please state why you think the incident happened?

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/ 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	

Complete Part H

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: _____	/ /

NOTE: Only personal information that is required by the form should be provided as part of the reporting process. Additional information, for example, passport details are not required to be provided to AMSA.

For information about how we collect, use and disclose your personal information, please visit the AMSA privacy policy at 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Gender	Australian resident? <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 Time on: Time off:	Type of Injury or Illness	
Date left ship	Expected period of incapacity	
Treatment given		

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