



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: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Operational Area: ☐ A ☐ B Ext ☐ B ☐ C ☐ C Rest ☐ D ☐ E	

PART B: INCIDENT DETAILS

Date	Time Local: UTC:
Voyage From: To:	
Location description	
Lat	Long
Weather	
Visibility ☐ Good ☐ Moderate ☐ Poor ☐ 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: _____

Occurrence Type (please tick as relevant)

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

PART C: WHAT HAPPENED?

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

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. **Note:** Do not include images or photos of injured people.

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

PART H: AFFECTED PERSON (if relevant) Please complete the following for each affected person.**Note:** Do not include personal information such as passport or driver licence details

Number of persons affected	Incident occurred while on duty? ☐ Yes ☐ No	
Name	Gender	Australian resident? ☐ Yes ☐ 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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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).