Australian Government
Australian Maritime Safety Authority

INCIDENT REPORT

NOTE: This form must be forwarded to reports@amsa.gov.au by the Owner, Operator or Master within 72 hours of the incident.
Detailed guidance on reporting obligations and the use of the form is located at www.amsa.gov.au/forms/incident-report

For pollution reporting, use the POLREP form.

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: _____

Consequences (please tick as relevant)

Complete **Part H**

☐ Injury
☐ Illness
☐ Death
☐ Medical evacuation
☐ Person overboard with lifejacket
☐ Person overboard without lifejacket
☐ Presumed lost
☐ Equipment/Machinery failure
☐ Damage
☐ Loss of cargo/ Dangerous goods
☐ Contact (with non-vessels)
☐ Collision (with other vessels)
☐ Leakage/Spillage of dangerous goods
☐ MARPOL issues
☐ Fire/Smoke
☐ Grounding
☐ Disabled
☐ Foundering/Sinking
☐ Flooding
☐ Near miss/ Dangerous occurrence
☐ Other (specify):

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 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 Phone: Email:	Signature / /

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? ☐ 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		

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	
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