



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: _____

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 | |

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

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

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		

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		

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		