



TRANSPORT SAFETY

Report of Accident or Other Occurrence

Note:

Section 117 of the *Marine Act* states that:

The **master** of a vessel which, when in the Northern Territory, or whose next port of call is at a port of place in the Territory:

- (a) is involved in or causes an accident or collision;
- (b) receives damage which renders or is likely to render it unsafe;
- (c) has been in great danger from the act of some other vessel;
- (d) has been in danger of wreck or collision;
- (e) fouls or does damage to a pipeline, submarine cable or marine navigational aid;
- (f) is involved in an incident in which the sea is polluted by oil or by any noxious substance either by it or by another vessel; or
- (g) being a vessel other than a fishing vessel, having left a port or place in the Territory, puts back to that port or place,

shall, as soon as practicable thereafter, report the event in writing to the Director.

FAILURE TO COMPLY CARRIES A PENALTY OF \$5000

Section 72 of the *Marine Act* states that

(1) The master of a vessel shall not, without reasonable cause, refuse or fail to notify a shipping officer of the death or serious injury of a person on the vessel or a seaman belonging to the vessel.

(2) The master must notify the shipping officer under subsection (1) within 72 hours of the death or serious injury occurring.

FAILURE TO COMPLY CARRIES A PENALTY OF \$5000 EACH

Office Use Only

VESSEL NAME:

<i>Circulation:</i>	<i>Initial/Date</i>	<i>Initial Comment</i>
Senior Nautical Adviser		
Principal Marine Surveyor		
Boating Safety Officer		
Director Transport Safety		
Date Report Acknowledged		Action Officer
File No	Incident No.	Related Files
Entered On Marine System by	Date Entered	Actioned on File No

Comments/Recommendations

VESSEL NAME:

Particulars of Accident or Other Occurrence										
Date of Incident		Time of Incident:								
Location	Inland Waters	<input type="checkbox"/>	Incident Type	Collision	<input type="checkbox"/>	Grounding	<input type="checkbox"/>			
	Enclosed Waters	<input type="checkbox"/>		Capsizing	<input type="checkbox"/>	Sinking	<input type="checkbox"/>			
	Inshore Waters	<input type="checkbox"/>		Swamping	<input type="checkbox"/>	Flooding	<input type="checkbox"/>			
	Offshore Waters	<input type="checkbox"/>		Loss of Vessel	<input type="checkbox"/>	Structural Failure	<input type="checkbox"/>			
Please state the actual area incident occurred eg Darwin Harbour, Bynoe Harbour; latitude/longitude or bearing/distance from landmark				Loss of Stability	<input type="checkbox"/>	Fire	<input type="checkbox"/>			
				Explosion	<input type="checkbox"/>	Person Overboard	<input type="checkbox"/>			
			Onboard Incident	<input type="checkbox"/>	Other Personal Injury	<input type="checkbox"/>				
SAR Involved Yes/No			Incident Severity	Fatal Accident	<input type="checkbox"/>	Other Vessel Damage	<input type="checkbox"/>			
				Police Report	Yes/No	Serious Injury	<input type="checkbox"/>	Damage to Property Only	<input type="checkbox"/>	
							Vessel Lost	<input type="checkbox"/>	No Damage	<input type="checkbox"/>
Environmental Conditions:										
Weather	Clear	<input type="checkbox"/>	Hazy	<input type="checkbox"/>	Cloudy	<input type="checkbox"/>	Rain	<input type="checkbox"/>	Flood	<input type="checkbox"/>
Water Conditions	Calm	<input type="checkbox"/>	Choppy	<input type="checkbox"/>	Rough	<input type="checkbox"/>	Very Rough	<input type="checkbox"/>	Strong Current	<input type="checkbox"/>
Wind	None			<input type="checkbox"/>	Light (1 ≥ 8 knots)			<input type="checkbox"/>		
	Moderate (> 8 ≥ 15 knots)			<input type="checkbox"/>	Strong (>15 ≥ 30 knots)			<input type="checkbox"/>		
	Storm (over 30 knots)			<input type="checkbox"/>				<input type="checkbox"/>		
Visibility	Good		<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor		<input type="checkbox"/>		
Contributing Factors:										
(Human Factors)	Alcohol or Drugs			<input type="checkbox"/>	Error of Judgement			<input type="checkbox"/>		
	Excessive Speed			<input type="checkbox"/>	Failure to keep a proper lookout			<input type="checkbox"/>		
	Fatigue			<input type="checkbox"/>	Inexperience			<input type="checkbox"/>		
	Insecure Mooring			<input type="checkbox"/>	Lack of Fuel			<input type="checkbox"/>		
	Lack of Maintenance			<input type="checkbox"/>	Navigational Error			<input type="checkbox"/>		
	Overloading			<input type="checkbox"/>				<input type="checkbox"/>		
Material Factors	<u>Inadequate Stability</u>			<input type="checkbox"/>	<u>Equipment Failure</u>					
					<input type="checkbox"/>	Electrical				
					<input type="checkbox"/>	Navigation				
					<input type="checkbox"/>	Machinery				
				<input type="checkbox"/>	Hull Failure					
Environmental Factors	Restricted visibility			<input type="checkbox"/>	Bar Conditions			<input type="checkbox"/>		
	Wash of a passing vessel			<input type="checkbox"/>	Floating or submerged objected			<input type="checkbox"/>		
	Wind/Sea State			<input type="checkbox"/>	Tidal conditions			<input type="checkbox"/>		
	Other Environmental factors			<input type="checkbox"/>				<input type="checkbox"/>		
Cause of Incident	Unknown			<input type="checkbox"/>						
Please detail the circumstances leading up to the accident, details of the other vessel(s) involved, etc.										
Please continue next page										

VESSEL NAME:

Detail the circumstances leading up to the accident, details of the other vessel(s) involved, etc (continued)

Vessel Details							
Vessel Name			Vessel Length			Vessel Registration	
Vessel Type	<u>Commercial</u>			<u>Recreational</u>			
	Passenger (Class 1)	<input type="checkbox"/>	Motorboat	<input type="checkbox"/>			
	Non-Passenger (Class 2)	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>			
	Fishing Vessel (Class 3)	<input type="checkbox"/>	Paddle (Row) Boat	<input type="checkbox"/>			
	Hire and Drive	<input type="checkbox"/>	PWC (Jet Ski)	<input type="checkbox"/>			
			Sailing Boat	<input type="checkbox"/>			
			Other	<input type="checkbox"/>			
Hull Material	Steel	<input type="checkbox"/>	Fibreglass	<input type="checkbox"/>	Propulsion Type	Inboard	<input type="checkbox"/>
	Aluminium	<input type="checkbox"/>	Ferro-cement	<input type="checkbox"/>		Outboard	<input type="checkbox"/>
	Timber	<input type="checkbox"/>	Other	<input type="checkbox"/>		Sail	<input type="checkbox"/>
Fuel Type	Diesel	<input type="checkbox"/>	Petrol	<input type="checkbox"/>	LPG	<input type="checkbox"/>	
Number of Crew/Passengers			Vessel In Survey	Yes/No	Survey Authority		
Vessel Damage	Vessel Lost	<input type="checkbox"/>		Major Vessel Damage	<input type="checkbox"/>		
	Moderate Vessel Damage	<input type="checkbox"/>		No Damage	<input type="checkbox"/>		

Persons Involved										
Details of Person In Charge (Master of Vessel)										
Surname				Given Name						
Address										
Date Of Birth		Male/Female	Telephone Nos	W	H	Mobile				
Qualifications	Certificate Type			Grade						
	Issue Date			Expiry Date						
	Issue Authority									
Injury Status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Minor Injury	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Injury Type										

VESSEL NAME:**Details of Person at the Helm of the Vessel at the Time of the Incident.**

Surname		Given Name								
Address										
Date Of Birth		Male/Female	Telephone Nos	W	H	Mobile				
Qualifications	Certificate Type				Grade					
	Issue Date				Expiry Date					
	Issue Authority									
Injury Status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Minor Injury	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Injury Type										

Details of Crew(s). If there are more than three crew, please submit their details on a separate piece of paper and attach to this report.

Surname		Given Name								
Address										
Date Of Birth		Male/Female	Telephone Nos	W	H	Mobile				
Qualifications	Certificate Type				Grade					
	Issue Date				Expiry Date					
	Issue Authority									
Injury Status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Minor Injury	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Injury Type										

Surname		Given Name								
Address										
Date Of Birth		Male/Female	Telephone Nos	W	H	Mobile				
Qualifications	Certificate Type				Grade					
	Issue Date				Expiry Date					
	Issue Authority									
Injury Status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Minor Injury	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Injury Type										

Surname		Given Name								
Address										
Date Of Birth		Male/Female	Telephone Nos	W	H	Mobile				
Qualifications	Certificate Type				Grade					
	Issue Date				Expiry Date					
	Issue Authority									
Injury Status	N/A	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Minor Injury	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Injury Type										

