

13.6 Marine Incident Report (form 3071)

[Link to fillable PDF](#)



Marine Incident Report Transport Operations (Marine Safety) Act 1994

This is the approved form to report a marine incident in Queensland. A ship's master must report a marine incident to a shipping inspector within 48 hours of the incident taking place, except in cases where the ship is lost or presumed lost in which case the incident must be reported by the ship's owner. If the initial report is not in the approved form a further report must be submitted using this form at the earliest opportunity. You should fill in all fields that are applicable. This form, and all supporting documents, should be returned to a Maritime Safety Queensland office, the Queensland Police Service or a Queensland Boating and Fisheries Patrol Office. Penalties apply for failing to report a marine incident.

Incident description

Position of incident

Date: / / Time: am pm Body of water/Landmark:

Location

Inland waters (non-tidal) Smooth waters Partially smooth waters Offshore Latitude: Longitude:

Type of incident

<input type="checkbox"/> Capsizing <input type="checkbox"/> Swamping <input type="checkbox"/> Flooding <input type="checkbox"/> Person overboard <input type="checkbox"/> Loss of stability <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Structural/equipment failure <input type="checkbox"/> Loss of ship ¹	Collision: <input type="checkbox"/> between ships <input type="checkbox"/> with a fixed object <input type="checkbox"/> with a floating object <input type="checkbox"/> with an animal <input type="checkbox"/> with an overhead obstruction <input type="checkbox"/> with a submerged object <input type="checkbox"/> with a wharf	Grounding: <input type="checkbox"/> unintentional <input type="checkbox"/> intentional Onboard incident: <input type="checkbox"/> fall within ship <input type="checkbox"/> crushing or pinching <input type="checkbox"/> other onboard incident	Other incident: <input type="checkbox"/> person hit by propeller or ship <input type="checkbox"/> water skiing incident <input type="checkbox"/> parasailing incident <input type="checkbox"/> diving incident <input type="checkbox"/> close call/near miss <input type="checkbox"/> other incident caused by the operation of the ship
---	---	--	---

¹ 'Loss of ship' should only be selected where the ship has disappeared and the location and circumstances of the loss are unknown. If the ship is an economic write-off this should be check marked as 'Ship lost' below and on the next page.

Incident Severity Rating

Fatality Number of persons: Serious injury ² Number of persons: Ship lost ³ Damage to property only ⁴
 Ship damaged No damage

² Requiring admission to hospital ³ Economic write-off or not recovered ⁴ No damage to any ships

Environmental conditions

Weather
 Clear Hazy Cloudy Rain Flood

Visibility
 Good Fair Poor

Water conditions
 Calm Choppy Rough Very rough Strong current or tidal flow Swell height (metres):

Wind speed
 None Light (1-6kts) Moderate (7-15kts) Strong (16-33kts) Gale (>33kts) Wind coming from:

Ships involved

Number of ships involved: **Note:** if more than two ships were involved attach details on a separate page.

Own ship

Name of ship:

Official registration number: Registering authority:

Length (metres): Beam (metres): Year built:

Number of passengers on board: Number of crew on board:

Registration type
 Commercial passenger Commercial fishing
 Commercial non-passenger Commercial hire and drive
 Queensland Regulated ship

Other ship

Name of ship:

Official registration number: Registering authority:

Length (metres): Beam (metres): Year built:

Number of passengers on board: Number of crew on board:

Registration type
 Commercial passenger Commercial fishing
 Commercial non-passenger Commercial hire and drive
 Queensland Regulated ship

Additional information for commercial vessels: Commercial vessels must attach master's and engineer's logs and commercial passenger vessels must also attach a copy of the passenger manifest.

Office use only
 File number: _____ Caseman number: _____ Received by (full name): _____ Received on: / /

Continued over page... Page 1 of 4 TRB Forms Area Form F3071 CFD V01 Aug 2016

Ships involved - continued

Own ship
Ship description
 Motorboat PWC Rowing boat
 Sailing boat House boat
 Other (describe)

Engine
 Outboard Inboard (petrol) none
 Inboard/outboard Inboard (diesel)
 Other (describe)

Number of engines Total engine power
 HP
KW

Hull material
 Steel Timber Ferro-cement
 Marine alloy Fibreglass/GRP
 Other (describe)

Damage to ship
 Ship lost Moderate damage (damaged but ship remains seaworthy)
 Major damage (ship unseaworthy) Minor damage No damage

Other ship
Ship description
 Motorboat PWC Rowing boat
 Sailing boat House boat
 Other (describe)

Engine
 Outboard Inboard (petrol) none
 Inboard/outboard Inboard (diesel)
 Other (describe)

Number of engines Total engine power
 HP
KW

Hull material
 Steel Timber Ferro-cement
 Marine alloy Fibreglass/GRP
 Other (describe)

Damage to ship
 Ship lost Moderate damage (damaged but ship remains seaworthy)
 Major damage (ship unseaworthy) Minor damage No damage

People involved

Own ship
Ship owner's details
 Owner's name

Dedicated person ashore/operations manager (commercial only)

Telephone (business hours) Telephone (after hours)

Address

Email address

Master's details
 Master's name

Gender Date of birth
 Male Female / /

Licence type and grade (for example, Master 5)

Licence number Issuing authority

Issue date Expiry date (if applicable)
 / / / /

Telephone (business hours) Telephone (after hours)

Address

Email address

Other ship
Ship owner's details
 Owner's name

Dedicated person ashore/operations manager (commercial only)

Telephone (business hours) Telephone (after hours)

Address

Email address

Master's details
 Master's name

Gender Date of birth
 Male Female / /

Licence type and grade (for example, Master 5)

Licence number Issuing authority

Issue date Expiry date (if applicable)
 / / / /

Telephone (business hours) Telephone (after hours)

Address

Email address

Continued over page... Page 2 of 4 TRB Forms Area Form F3071 CFD V01 Aug 2016

Persons involved - continued

Own ship

Watchkeeper/person at the helm

Role

Crewmember Passenger Master (details as above)

Name

Gender

Male Female

Date of birth

 / /

Licence type and grade (for example, Master 5)

Licence number

Issuing authority

Issue date

 / /

Expiry date (if applicable)

 / /

Telephone (business hours)

Telephone (after hours)

Address

Email address

Other ship

Watchkeeper/person at the helm

Role

Crewmember Passenger Master (details as above)

Name

Gender

Male Female

Date of birth

 / /

Licence type and grade (for example, Master 5)

Licence number

Issuing authority

Issue date

 / /

Expiry date (if applicable)

 / /

Telephone (business hours)

Telephone (after hours)

Address

Email address

Witnesses

Note: attach name and complete contact details of any witnesses to the incident on a separate page.

Deceased or injured person

Note: if more than two people deceased or injured attach details on a separate page.

Name

Gender

Male Female

Date of birth

 / /

Address

Telephone

Which ship was this person associated with?

Injury status

Fatality Missing person Serious injury ⁵ Minor injury

⁵ A serious injury is defined as one where the injured person was admitted to hospital.

Nature of injury

Name of hospital

Activity of injured or deceased person

Person in charge (Master) Surfboard/surf-ski rider
 Person at helm Swimmer
 Crew Para-flier
 Passenger on vessel Diver
 Water-skier Other

Deceased or injured person

Name

Gender

Male Female

Date of birth

 / /

Address

Telephone

Which ship was this person associated with?

Injury status

Fatality Missing person Serious injury ⁵ Minor injury

Nature of injury

Name of hospital

Activity of injured or deceased person

Person in charge (Master) Surfboard/surf-ski rider
 Person at helm Swimmer
 Crew Para-flier
 Passenger on vessel Diver
 Water-skier Other

Privacy Statement: The Department of Transport and Main Roads collects information on this form to administer the register of ships under the Transport Operations (Marine Safety) Act. This information may be released by the department to people who have an interest that justifies access to the register, including people proposing to buy, sell, lease or insure the ship and, when relevant, litigants in matters about marine incidents, or the insolvency, or external administration, or fraudulent activity of the registered owner, or Family Court matters. Your personal information will not be disclosed to other third parties without your consent unless authorised or required by law.

Continued over page... Page 3 of 4 TRB Forms Area Form F3071 CFD V01 Aug 2016

Report details

A full description (including a diagram or chart extract) of the incident and events leading up to the incident are to be detailed in the space provided below (if insufficient space, please use separate pages, each extra page that is used is to be signed).

Owner's/Master's report

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Assistance rendered/received at incident

.....

.....

Name, status and phone number of person who assisted in completion of form (if applicable) _____

Signature (Owner/Master) _____ **Date** ____ / ____ / ____

Owner/Master name (please print) _____

Figure 7 — Marine incident report