16.12 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 Body of water/Landmark											
/ / am pm											
Location	Latitude Longitude										
☐ Inland waters (non-tidal) ☐ Smooth waters ☐ Partially smoot	th waters Offshore										
Type of incident	Othersholder										
Capsizing between ships uith a fixed object in Flooding with a floating object with an animal Loss of stability with an overhead obstruction fire with a submerged object with a submerged object with a wharf 1-Loss of ship' should only be selected.	ounding: Other incident: unintentional person hit by propeller or ship ntentional water skiing incident board incident: diving incident all within ship crushing or pinching other onboard incident where the ship has disappeared and the location and circumstances in economic write-off this should be check marked as 'Ship lost' below Ship lost 3 Damage to property only 4										
Number of persons 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											
Number of ships involved Note: if more than two ships were	involved attach details on a separate page.										
Name of ship Nam	her ship me of ship										
Official registration number Registering authority Offi	Official registration number Registering authority										
	Length (metres) Beam (metres) Year built Number of passengers on board Number of crew on board										
Commercial passenger ☐ Commercial fishing ☐ Commercial non-passenger ☐ Commercial hire and drive ☐ Commercial passenger ☐ Commercial fishing ☐ Commercial hire and drive	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	Received by										
File number: (f	full name): Received on: / /										
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Ships involved - continued												
Own ship Ship description Motorboat PWC Rowing boat Sailing boat House boat	Other ship Ship description Motorboat PWC Rowing boat Sailing boat House boat											
Control Contr	Cother (describe) Engine Outboard Inboard (petrol) none											
□ Inboard/outboard □ Inboard (diesel) Other (describe)	□ Inboard/outboard □ Inboard (diesel) Other (describe)											
Number of engines Total engine power HP KW Hull material Steel Timber Ferro-cement	Number of engines Total engine power HP KW Hull material Steel Timber Ferro-cement											
Marine alloy Fibreglass/GRP Other (describe)	Marine alloy Fibreglass/GRP Other (describe)											
Damage to ship ☐ Ship lost ☐ Moderate damage (damaged but ship remains seaworthy) ☐ Minor damage ☐ No damage	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	Other ship											
Owner's name	Ship owner's details Owner's name											
CWICE STIGHTS	CWINCI STIGITO											
Dedicated person ashore/operations manager (commercial only)	Dedicated person ashore/operations manager (commercial only)											
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)											
Address	Address											
Email address	Email address											
Master's details Master's name	Master's details Master's name											
masici s fiallic	Master's Harrie											
Gender Date of birth Male Female / /	Gender Date of birth Male Female / /											
Licence type and grade (for example, Master 5)	Licence type and grade (for example, Master 5)											
Licence number Issuing authority	Licence number Issuing authority											
In the state of th	leave date First date of a series of a											
Issue date Expiry date (if applicable)	Issue date Expiry date (if applicable)											
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)											
Address	Address											
Email address	Email address											
Co	ntinued over page Page 2 of 4 TRB Forms Area Form F3071 CFD V01 Aug 2016											

Persons involved - continued											
	Othership										
Own ship	Other ship										
Watchkeeper/person at the helm Role	Watchkeeper/person at the helm Role										
Crewmember Passenger Master (details as above)	Crewmember Passenger Master (details as above)										
Name	Name										
Gender Date of birth	Gender Date of birth										
Male Female / /	Male Female / /										
Licence type and grade (for example, Master 5)	Licence type and grade (for example, Master 5)										
Electrical type and grade (for example, master by	Control type and grade (for example, master by										
	Harris worker to the first transfer transfer to the first transfer trans										
Licence number Issuing authority	Licence number Issuing authority										
Issue date Expiry date (if applicable)	Issue date Expiry date (if applicable)										
Telephone (business hours) Telephone (after hours)	Telephone (business hours) Telephone (after hours)										
relephone (business nours)	leiepriorie (dusiriess riodrs)										
Address	Address										
Email address	Email address										
Witnesses											
Note: attach name and complete contact details of any witnesses to the in	cident on a separate page.										
Deceased or injured person											
Note: if more than two people deceased or injured attach details on a sepa	arate page.										
Name	Injury status										
	Fatality Missing person Serious injury 5 Minor injury										
Gender Date of birth	⁵ A serious injury is defined as one where the injured person was										
Male Female / /	admitted to hospital.										
Address	Nature of injury Name of hospital										
Audiess											
	Activity of injured or deceased person										
	Person in charge (Master) Surfboard/surf-ski rider										
Telephone Which ship was this person associated with?	Person at helm Swimmer										
	☐ Crew ☐ Para-flier										
	Passenger on vessel Diver										
	Water-skier Other										
Deceased or injured person											
Deceased or injured person	Injury status										
Name	□ Estality □ Missing parent □ Sorious injury 5 □ Minor										
	Fatality Missing person Serious injury 5 Minor injury										
Gender Date of birth	Nature of injury Name of hospital										
Male Female / /											
Address	Activity of injured or deceased person										
	Person in charge (Master) Surfboard/surf-ski rider										
	Person at helm Swimmer										
	□ Crew □ Para-filer										
Telephone Which ship was this person associated with?	Passenger on vessel Diver										
	☐ Water-skier ☐ Other										
Privacy Statement: The Department of Transport and Main Roads collects information											
(Marine Safety) Act. This information may be released by the department to people to buy, sell, lease or insure the ship and, when relevant, litigants in matters about m	who have an interest that justifies access to the register, including people proposing arine incidents, or the insolvency, or external administration, or fraudulent activity of										
the registered owner, or Family Court matters. Your personal information will not be	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.											
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Report details

Owner/Master name (please print) ___

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).

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Owner'	s/Ma	ster's	repo	rt					 	 		 	 	 		
Assista					d at in	ncider	nt		 	 				 		
Name, assiste	statu d in	s and	l phor letion	ne nu	mber	of per	rson (who							_	
Signatu					(11						Do				_	

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