

# 16.12 Marine Incident report (Form 3071)

[Link](#) to fillable PDF



**Queensland  
Government**

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

<sup>1</sup> '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 <sup>2</sup> Number of persons   Ship lost <sup>3</sup>  Damage to property only <sup>4</sup>  
 Ship damaged  No damage  
<sup>2</sup> Requiring admission to hospital <sup>3</sup> Economic write-off or not recovered <sup>4</sup> 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: / /

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**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 <sup>5</sup>  Minor injury  
<sup>5</sup> 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 <sup>5</sup>  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.

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