



SAILING VESSEL INCIDENT REPORT



(FOR INCIDENTS INVOLVING SAIL VESSELS OPERATING UNDER SAME AQUATIC LICENCE)

Please fax completed form to NSW Maritime on (02)9563 8699

- a. Was any person injured requiring medical treatment? Yes/No
- b. Was there damage that affected any of the involved vessels' seaworthiness? Yes/No
- c. Was a commercial vessel involved? (ie charter/sail training vessel) Yes/No
- d. Was there damage exceeding 10% value of **ANY** vessel? (if no , report optional) Yes/No

If Yes to any of questions a, b or c a full VIR MUST be completed and submitted to NSW Maritime within 24hrs.

Date:	Time:	Loc. Description:	Organisation:	Aquatic Licence #	Conditions: (Wind dir, strength, waves)
Vessel 1 Details of Skipper/Master			Vessel 2 Details of Skipper/Master		
Name:.....Sex:.....			Name:.....Sex:.....		
Address:.....			Address:.....		
Postcode:.....			Postcode:.....		
Date of Birth:/...../..... Age:.....yrs			Date of Birth:/...../..... Age:.....yrs		
Phone:..... Mobile:.....			Phone:..... Mobile:.....		
Experience sailing this type of vessel:yrs			Experience sailing this type of vessel:yrs		
Experience sailing in general:yrs			Experience sailing in general:yrs		
Boat Licence: Yes / No #.....			Boat Licence: Yes / No #.....		
Details of Owner (if different from master)			Details of Owner (if different from master)		
Name:.....Sex:.....			Name:.....Sex:.....		
Address:.....			Address:.....		
Postcode:.....			Postcode:.....		
Date of Birth:/...../..... Age:.....yrs			Date of Birth:/...../..... Age:.....yrs		
Phone:..... Mobile:.....			Phone:..... Mobile:.....		
Vessel Details			Vessel Details		
Name:.....			Name:.....		
Rego / Permit No:.....Sail No:.....			Rego / Permit No:.....Sail No:.....		
Length:..... Division/Class:.....			Length:..... Division/Class:.....		
Engine:			Engine:		
Vessel 1 Persons Aboard: Adults Children (<12yrs).....			Vessel 2 Persons Aboard: Adults Children (<12yrs)		
INCIDENT DETAILS			INCIDENT DETAILS		
<i>Please select one only - if more than 1 of these occurred please select one that occurred first.</i>			<i>Please select one only - if more than 1 of these occurred please select one that occurred first.</i>		
Collision Grounding Capsize Flooding			Collision Grounding Capsize Flooding		
Sinking Swamping Structural failure			Sinking Swamping Structural failure		
Person overboard			Person overboard		
Other (please specify).....			Other (please specify).....		
Vessel Damage:.....			Vessel Damage:.....		
.....				
Estimated Cost:			Estimated Cost:		
Point of Sail: Tack: Port/Starboard			Point of Sail: Tack: Port/Starboard		
Pos. in relation to other vessel: Windward/Leeward			Pos. in relation to other vessel: Windward/Leeward		

