Government of **Western Australia**
Department of **Transport**

Marine Non-Compliance Report
Marine Investigations

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE.**

DATE AND TIME OF NON-COMPLIANCE

Date: Day _____ Month: _____ Year _____

Time: _____ ☐ AM ☐ PM

Complete and return form to:
Marine Investigations Unit
Department of Transport
GPO Box C102, PERTH WA 6839
Phone: 13 11 56
Email: Marine.Investigations@transport.wa.gov.au

NATURE OF NON-COMPLIANCE *(Please Tick One)*

☐ Speeding ☐ Skiing ☐ Noise ☐ Navigation ☐ Nuisance ☐ Freestyling

☐ Other *(Please Describe)* _____

DETAILS OF PERSON MAKING REPORT

Date of Birth: _____ Gender: ☐ Male ☐ Female

Family Name: _____ Other Names: _____

Address: _____ Suburb: _____ Postcode: _____

Telephone Home: _____ Telephone Work: _____

Telephone Mobile: _____ Email: _____

Your Vessel Registration/ID Number: _____

Marine Qualifications Held *(if applicable)*

Type of Certificate or Licence: _____ Issue Date: _____

OFFENDING VESSEL DETAILS

Registration / ID No: _____ Number of people on board: _____

Commercial

☐ Passenger
☐ Non-passenger
☐ Fishing vessel
☐ Hire and drive vessel

Recreational

☐ Motor boat
☐ House boat
☐ Paddle (row) boat
☐ PWC *(jetski)*
☐ Sailing boat
☐ Other _____

Colour/Description: _____

Construction material: _____

LIST WITNESSES TO NON-COMPLIANCE *(If insufficient space available please attach separate sheet with Witness details)*

Name	Address	Telephone Contacts

INCIDENT DESCRIPTION

Use the space below to provide a full description *(including a diagram)* of the incident and events leading up to the incident. *(if insufficient space, provide a separate page)*

Location of Incident

_____

_____

Lat / Long *(If Applicable)* _____ ° ____ ‘ _____ “ South ____ ° ____ ‘ _____ “ East

Description of incident: _____

_____

_____

_____

_____

_____

Diagram of incident: North

DECLARATION *(To be signed by person completing non-compliance report)*

I declare that the information provided by me in this non-compliance report is true to the best of my knowledge and belief and that I have made this report knowing that if it is tendered in evidence I will be guilty of a crime if I have wilfully included in this report anything which I know to be false or that I do not believe to be true.

Signed: _____ **Print Name:** _____

Witness: _____ **Print Name:** _____

(must be witnessed by persons 18 years or over)

Date: _____

THIS SECTION MUST BE COMPLETED *(Complainant is the person reporting the non-complance)*

Additional Statement of Complainant Attached.	☐ Yes	☐ No
Additional Statement of Witness/s Attached.	☐ Yes	☐ No
Complainant must be willing to appear in court as a witness if required.	☐ Yes	☐ No

TRANSPORT OFFICE USE ONLY

Officer Receiving Report: _____ DoT File Reference: _____