



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](mailto: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: \_\_\_\_\_

\_\_\_\_\_

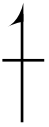
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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-compliance)*

|                                                                          |     |    |
|--------------------------------------------------------------------------|-----|----|
| 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: \_\_\_\_\_