



Marine Non-Compliance Report

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, Facsimile: 9435 7809
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 *(jet ski)*
- 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:



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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Statement of Witness/s Attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complainant must be willing to appear in court as a witness if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRANSPORT OFFICE USE ONLY

Officer Receiving Report: _____ DoT File Reference: _____