



Charter Vessel Intelligence Report

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

DATE AND TIME OF INCIDENT OR COMPLAINT

Date: Day _____ Month: _____ Year _____ Time: _____ AM/PM

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: _____

LIST WITNESSES TO INCIDENT / COMPLAINT *(If insufficient space please attach a separate sheet with Witness details)*

Name	Address	Telephone Contacts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DETAILS OF PERSON MAKING COMPLAINT

Date of Birth: _____ Gender: Male Female

Family Name: _____ Other Names: _____

Telephone Mobile: _____ Your Vessel Registration/ID Number: _____

Email: _____

Complete and return form to:
Investigations Unit, Department of Transport

PO Box 402, Fremantle WA 6959. Facsimile: 9435 7807. Email: Marine.Investigations@transport.wa.gov.au

INCIDENT DESCRIPTION

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

Location of Incident

e.g. Pick up/drop off point, area of operation etc _____

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

Description of incident *(if available, please provide any supporting photographic evidence)*

e.g. people on board, activity/behaviour, how long was the trip or any other relevant information: _____

How were you made aware of this information?

e.g. *First hand witness or please provide relevant details of other persons who witnessed or have knowledge of this event if not first hand:* _____

TRANSPORT OFFICE USE ONLY

Officer Receiving Complaint: _____ DoT File Reference: _____