



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-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: _____