

(FOR INCIDENTS INVOLVING SAIL VESSELS OPERATING UNDER SAME AQUATIC LICENCE)

Please fax completed form to NSW Maritime on (02)9563 8699

- a. Was any person injured requiring medical treatment? Yes/No
- b. Was there damage that affected any of the involved vessels' seaworthiness? Yes/No
- c. Was a commercial vessel involved? (ie charter/sail training vessel) Yes/No
- d. Was there damage exceeding 10% value of **ANY** vessel? (if no , report optional) Yes/No

If Yes to any of questions a, b or c a full VIR MUST be completed and submitted to NSW Maritime within 24hrs.

Date:	Time:	Loc. Description:	Organisation:	Aquatic Licence #	Conditions: (Wind dir, strength, waves)
<b>Vessel 1</b>			<b>Vessel 2</b>		
<b>Details of Skipper/Master</b>			<b>Details of Skipper/Master</b>		
Name:.....		Sex:.....	Name:.....		Sex:.....
Address:.....			Address:.....		
Postcode:.....			Postcode:.....		
Date of Birth: ...../...../.....		Age:.....yrs	Date of Birth: ...../...../.....		Age:.....yrs
Phone:.....		Mobile:.....	Phone:.....		Mobile:.....
Experience sailing this type of vessel: .....yrs			Experience sailing this type of vessel: .....yrs		
Experience sailing in general: .....yrs			Experience sailing in general: .....yrs		
Boat Licence: Yes / No #.....			Boat Licence: Yes / No #.....		
<b>Details of Owner (if different from master)</b>			<b>Details of Owner (if different from master)</b>		
Name:.....		Sex:.....	Name:.....		Sex:.....
Address:.....			Address:.....		
Postcode:.....			Postcode:.....		
Date of Birth: ...../...../.....		Age:.....yrs	Date of Birth: ...../...../.....		Age:.....yrs
Phone:.....		Mobile:.....	Phone:.....		Mobile:.....
<b>Vessel Details</b>			<b>Vessel Details</b>		
Name:.....			Name:.....		
Rego / Permit No:.....		Sail No:.....	Rego / Permit No:.....		Sail No:.....
Length:.....		Division/Class:.....	Length:.....		Division/Class:.....
Engine: .....			Engine: .....		
Vessel 1 Persons Aboard: Adults ....			Vessel 2 Persons Aboard: Adults ....		
Children (<12yrs).....			Children (<12yrs) .....		
<b>INCIDENT DETAILS</b>			<b>INCIDENT DETAILS</b>		
<i>Please select one only - if more than 1 of these occurred please select one that occurred first.</i>			<i>Please select one only - if more than 1 of these occurred please select one that occurred first.</i>		
Collision		Grounding	Capsize		Flooding
Sinking		Swamping	Structural failure		
Person overboard			Person overboard		
Other (please specify).....			Other (please specify).....		
Vessel Damage:.....			Vessel Damage:.....		
Estimated Cost: .....			Estimated Cost: .....		
Point of Sail: .....		Tack: Port/Starboard	Point of Sail: .....		Tack: Port/Starboard
Pos. in relation to other vessel: Windward/Leeward			Pos. in relation to other vessel: Windward/Leeward		

