

## NOTE

- When a marine accident occurs in connection with a vessel, the master of that vessel (and the owner of the vessel if aware of the accident) must send a report to Transport for NSW containing particulars of the accident as soon as practicable by the quickest means available.
- Failure to comply with this requirement is an offence.
- Submission of this form will satisfy your reporting obligations.
- Transport for NSW may contact you for further information to determine whether an investigation into the marine accident is required. If contacted you are obliged to provide details as requested to the best of your knowledge.

To assist in completing this form, please refer to the Explanatory Notes at the end of this document. For further information and assistance telephone 13 12 36 (option 2) (8.30am to 4.30pm) - 7 days a week. Please forward completed form to: Maritime Investigations Unit, NSW Maritime, Locked Bag 5100, CAMPERDOWN, NSW 1450 or email to [maritimeincidents@transport.nsw.gov.au](mailto:maritimeincidents@transport.nsw.gov.au)

## Details of Incident

Date of incident: 28/2/24	Time of incident: 18:35hr	Waterway on which incident occurred: Port Hacking Estuary
Location on waterway: off Bass & Flinders Point		Incident Severity Rating: Minor Injury (See Explanatory Note 1)

DETAILS OF OPERATOR (MASTER) – VESSEL 1		DETAILS OF OPERATOR (MASTER) – VESSEL 2	
Surname: Kirby		Surname:	
Given names: Michael Seymour		Given names:	
Date of birth: 24 / 02 / 1943 day month year		Date of birth: / / day month year	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address: 234 Atunga Road		Residential address:	
Suburb: Yowie Bay		Suburb:	
State: NSW	Postcode: 2228	State:	Postcode:
Private number: 02 95241824	Business number:	Private number:	Business number:
Mobile number: 0400498380		Mobile number:	
Email address: mckirby234@bigpond.com		Email address:	

QUALIFICATIONS AND EXPERIENCE – VESSEL 1		QUALIFICATIONS AND EXPERIENCE – VESSEL 2	
Boat licence: (See Explanatory Note 2)		Boat licence: (See Explanatory Note 2)	
Licence type: NSW General Boat Licence		Licence type:	
Licence number: 84274		Licence number:	
Expiry: 07 / 01 / 2028 day month year		Expiry: / / day month year	
Other: (Please specify)		Other: (Please specify)	
Certificate of Competency: Coxwain (See Explanatory Note 3)		Certificate of Competency: (See Explanatory Note 3)	
Certificate type: trading & fishing		Certificate type:	
Certificate number: 514590		Certificate number:	
Expiry: 20 / 07 / 2005 day month year		Expiry: / / day month year	

AYF qualifications	Type:	AYF qualifications	Type:
<input type="checkbox"/> Interstate	State (e.g. QLD): NSW	<input type="checkbox"/> Interstate	State (e.g. QLD):
<input type="checkbox"/> International	Country (e.g. UK):	<input type="checkbox"/> International	Country (e.g. UK):
<input type="checkbox"/> Other	(please specify):	<input type="checkbox"/> Other	(please specify):

DETAILS OF OWNER – VESSEL 1		DETAILS OF OWNER – VESSEL 2	
Surname: Smit		Surname:	
Given names: Paulus Frans		Given names:	
Date of birth: 19 / 11 / 1945 day month year		Date of birth: / / day month year	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address: 250A Atunga Road		Residential address:	
Suburb: Yowie Bay		Suburb:	
State: NSW	Postcode: 2228	State:	Postcode:
Private number: 02 9531 1001	Business number:	Private number:	Business number:
Mobile number: 0499773683		Mobile number:	
Email address: pksmit@bigpond.net.au		Email address:	

DETAILS OF VESSEL 1		DETAILS OF VESSEL 2	
Vessel name: Frisky Too		Vessel name:	
<b>Commercial Vessel</b> (See Explanatory Note 4)		<b>Commercial Vessel</b> (See Explanatory Note 4)	
Vessel type:		Vessel type:	
Survey/permit number:		Survey/permit number:	
Expiry: / / day month year		Expiry: / / day month year	
<b>Recreational Vessel</b> (See Explanatory Note 5)		<b>Recreational Vessel</b> (See Explanatory Note 5)	
Vessel type: Trimaran		Vessel type:	
Vessel registration number: ACG360N		Vessel registration number:	
Expiry: 14 / 07 / 2024 day month year		Expiry: / / day month year	
<b>Hull Material</b> (See Explanatory Note 6): Fibreglass		<b>Hull Material</b> (See Explanatory Note 6):	
<b>People on Board:</b>		<b>People on Board:</b>	
Adults Female:	Male: 4	Adults Female:	Male:
*Children Female:	Male:	*Children Female:	Male:
*Children are less than 12 years of age		*Children are less than 12 years of age	

DETAILS OF ENGINE – VESSEL 1 – ENGINE 1				DETAILS OF ENGINE – VESSEL 2 – ENGINE 1			
Propulsion: <input type="checkbox"/> Inboard <input checked="" type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive				Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive			
Fuel: <input checked="" type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼				Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼			
Manufacturer: Honda		H/power: 20		Manufacturer:		H/power:	
DETAILS OF ENGINE – VESSEL 1 – ENGINE 2				DETAILS OF ENGINE – VESSEL 2 – ENGINE 2			
Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive				Propulsion: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive			
Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼				Fuel: <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Other (please specify) ▼			
Manufacturer:		H/power:		Manufacturer:		H/power:	
DAMAGE TO VESSEL AND/OR PROPERTY							
VESSEL 1 – DAMAGE				VESSEL 2 – DAMAGE			
<input type="checkbox"/> Lost <input type="checkbox"/> Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> No Damage				<input type="checkbox"/> Lost <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> No Damage			
Vessel \$		Property \$		Vessel \$		Property \$	
NATURE OF INCIDENT							
VESSEL 1				VESSEL 2			
Operation at Time of Incident: (See Explanatory Note 7) organised sailing competition				Operation at Time of Incident: (See Explanatory Note 7)			
Type of Incident: (See Explanatory Note 8) Fall Overboard				Type of Incident: (See Explanatory Note 8)			
Contributing Factors to Incident: (See Explanatory Note 9) Wind conditions, sea swell & Hazardous waters				Contributing Factors to Incident: (See Explanatory Note 9)			
WEATHER AND WATER CONDITIONS							
WEATHER	WATER CONDITIONS	WIND	WIND DIRECTION	VISIBILITY	TIDE		
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Hazy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Flood	<input type="checkbox"/> Calm <input checked="" type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Very Rough <input type="checkbox"/> Strong Current	<input type="checkbox"/> None <input type="checkbox"/> Light (1>9kt) <input type="checkbox"/> Moderate (10>15kt) <input checked="" type="checkbox"/> Fresh (16>25kt) <input type="checkbox"/> Gale (Over 25kt)	<input type="checkbox"/> N <input checked="" type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Darkness (Night Time)	<input checked="" type="checkbox"/> Flood (in) <input type="checkbox"/> Ebb (out) <input type="checkbox"/> Slack		
DETAILS OF DECEASED AND INJURED PERSONS							
Serious injury = Hospitalisation, other than for observation, Minor Injury = First aid only given at site or at hospital							
Name	Address	DOB	Gender M/F	Injury Type Fatal/Serious/Minor	Role on vessel (See Explanatory Note 10)	Hospital Name	Lifejacket worn Yes/No
Michael Kirby	234 Atunga Rd Yowie	24/02/43	M	Minor	Skipper/Master	Sutherland	No

## ALCOHOL AND DRUG TESTING

Name	Address	Telephone	DOB	Gender M/F	Role on vessel (See Explanatory Note 10)	Breath Test Analysis Result

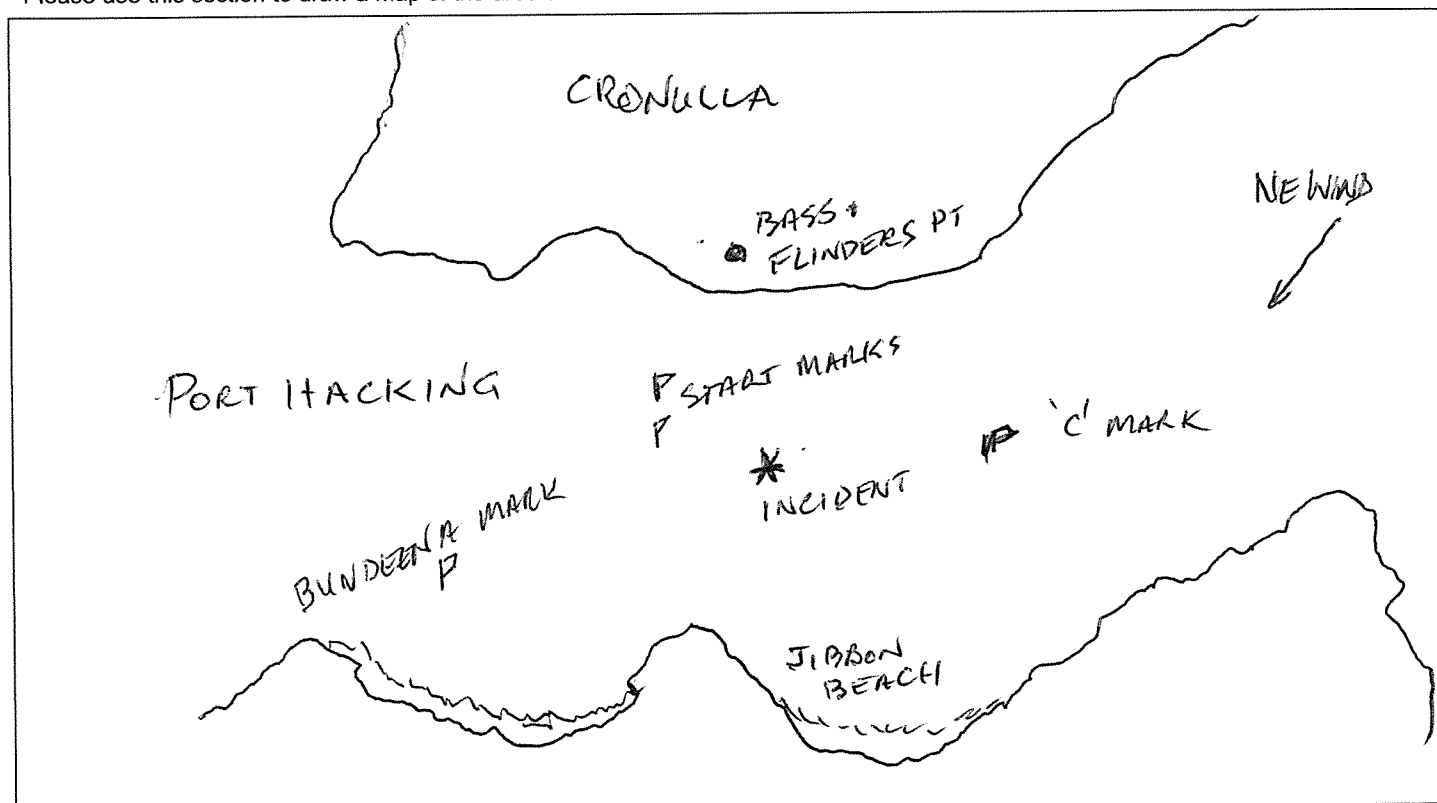
## DETAILS OF WITNESSES

Name	Address	Telephone
Paul Smit	250A Atunga Road Yowie Bay 2228	0499773683
Raymond Bourne	19/158 Willarong Road Caringbah 2229	0408600391
Stephen Atherton	8 Talbot Close Menai 2234	0419015145

## DETAILS OF CREW ON BOARD COMMERCIAL VESSEL AT TIME OF INCIDENT

Name	Address	Telephone	DOB	Role on vessel (See Explanatory Note 10)	Qualifications

Please use this section to draw a map of the area and details of the incident



## INCIDENT DESCRIPTION

Describe what happened (sequence of events) include failure of equipment. If diagram is needed, use grid sheet. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the incident. Include any descriptive information about the use of PFDs (Lifejackets).


While sailing in an organised twilight racing event on 28/02/2024, we were heading east on a port tack, we were struck by strong wind gust & wave swell, the boat heeled with the master/skipper slipping off cockpit combing & falling overboard into water.

Life jackets were on board at the time but were not being worn.

The Skipper & crew of Etre Jeune, with safety officer Bill Dickson (0428927071), successfully assisted in the rescue of Michael Kirby.

**Personal Information Collection Notice:** Section 99 of the *Maritime Safety Act 1998* requires Masters of vessels (and Owners if they are aware of the accident) to provide a marine accident report. Our Privacy Statement explains how we will use and manage your Personal Information in accordance with the *Privacy and Personal Information Act 1998*, and, where relevant, the *Health Records and Information Privacy Act 2002*. You can obtain a copy of our Privacy Statement at [www.transport.nsw.gov.au/privacy-statement](http://www.transport.nsw.gov.au/privacy-statement) or call us on **13 12 36 (option 2)** to request a copy.

## PERSON COMPLETING REPORT (Please use BLOCK letters)

Name: Paul Smit	
Address: 250A Atunga Road	Private number: 02 9531 1001
Suburb: Yowie Bay	Business number:
State: NSW	Postcode: 2228
	Mobile number: 0499773683
Signature: 	Date: 01 / 03 / 2024 day month year