

National President: apbauspresident@gmail.com

National Secretary: apbasecretary@gmail.com

INCIDENT & BOAT REPORT

VENUE: _____

CLUB: _____

DATE: _____

BOATS INVOLVED:

1: _____

2: _____

3: _____

Fill out this form when an incident occurs.
Please ensure that all questions are completed.

**STATE SAFETY OFFICER
USE ONLY**

- Driver Error
- Water Conditions
- Mechanical Fault
- Hull Failure
- Other (please specify)

- Yellow Card Issued

CLUB CHECK LIST

- Incident & Boat report
- Entry & Scrutineering Form
for each Boat involved
- Driver Statement (s)
- Rescue Personnel Statement (s)
- Medical Reports (if Applicable)
- Witness Statement (s)
- Videos / Photographs

WHEN COMPLETE

Send to your State Council for review, who will then forward onto National APBA Secretary and National Safety Officer.

IS THE RACE COMMITTEE ABLE TO DETERMINE THE CAUSE OF THE INCIDENT, IF SO, PLEASE GIVE DETAILS? _____

DIAGRAM OF INCIDENT

In this space (or on a separate sheet) please make a diagram of the course, showing position of incident and clearly label all relevant features (competing boats, rescue craft, dive boats, shoreline, turning points, etc.). show boats positions just before incident with arrows to indicate their course during the incident.

DAMAGE TO THE BOAT / BOATS:

Please enclose any photograph(s) or make a diagram using the space below to clearly show any damaged areas. Also any other damage mentioned above or that you may consider relevant.

If Driver was injured, was there are follow-up communication with driver Yes / No.

If a second or subsequent boats were involved, please complete a separate Form 41 A for each and attach to this report.

IN DIAGRAM OR QUESTIONS CONTAINED IN THIS INCIDENT REPORT, THE BOAT IS LABELLED AS: Boat 1, Boat 2 or Boat 3:
The following section refers to Boat 1

Name of Boat 1:		Hull Identification Number (HIN):	
Owner's Name			
Owner Address:			
Contact Number:		Owner's APBA Licence Number:	
SBA Licence Number:	Expiry Date:	State of issue:	
Driver's Name			
Driver's Address			
Contact Number:		Driver's APBA Licence Number:	
SBA Licence Number:	Expiry Date:	State of issue:	
SBA Registration Number:		Expiry Date:	
Powered by: Inboard / Outboard / Stern Drive / Other (please specify):			
Make of Engine:		Reported Engine Size:	
Was the Motor: Carburetted – Single: (____) or Multiple: (____) Injected: (____) Blown: (____) Other:			
Hull Type and Manufacturer:		Length:	
Construction of Hull: Wood: YES / NO Fibreglass: YES / NO Mixed : YES / NO Other (please specify):			
Was the PFD damaged during the incident? YES / NO If YES, how?:			
Type and Manufacturer of Helmet:			
Was the helmet still on the driver after the incident? YES / NO If NO, please explain:			
Was the helmet damaged during the incident? YES / NO If YES, how?:			
What other Safety Equipment was on board. Did it work or was it Damaged? (please specify):			
Were there any injuries to the driver / Drivers? YES / NO If YES, give details:			
Was the PFD damaged during the incident? YES / NO If YES, how?:			
Type and Manufacturer of Helmet:			
Was the helmet still on the driver after the incident? YES / NO If NO, please explain:			
Was the helmet damaged during the incident? YES / NO If YES, how?:			
What other Safety Equipment was on board. Did it work or was it Damaged? (please specify):			
Were there any injuries to the driver / Drivers? YES / NO If YES, give details:			
Could any of the Injuries be caused by or appear to be caused by the Drivers own boat, or parts of it? YES / NO If YES, please specify:			
After the Incident was boat 1:	Floating (unaided): YES / NO	Inverted: YES / NO	
Submerged: YES / NO	Nose up: YES / NO	Ashore: YES / NO	
After the incident, was the driver of Boat 1–			
Still onboard: YES / NO	If NO, give the approximate location:	In the water: YES / NO	If YES,
specify the distance from the boat:			
If in the water, was the driver:	Face up: YES / NO	Face down: YES / NO	Vertical: YES / NO

Where was the Dead stop – cut out switch mounted?: _____ Did the Dead stop – cut out switch work?: _____ YES / NO
If NO, why (please give details)?: _____

THIS SECTION IS FOR BOATS FITTED WITH REINFORCED COCKPITS ONLY

If the boat / Boats are fitted with a reinforced Cockpit? YES / NO
Please give the Name of the manufacturer and the UIM or APBA Cockpit Registration Number listed on the Registration plate: _____

Type of Reinforced Cockpit: Enclosed/Lock down: _____ Open: _____ Open with windshield: _____
Was the cockpit damaged during the incident? YES / NO If YES, please describe the damage: _____

Was boat fitted with? (Applicable for Reinforced Cockpit as well as Open Deck Boats)

Deflection Bar: YES / NO If YES, was it damaged? YES / NO If YES, how? _____

Belt Restraint: YES / NO If YES, was it intact and undamaged? YES / NO If NO, how? _____

Did it hold driver / Drivers in the boat / Boats? YES / NO

Were the following items still secure in all boats involved?:

If not, please describe below for each boat how they became unsecured and the types of mountings used.

Fuel Tank: _____ Motor: _____

Battery: _____ Drivers Seat: _____

Steering Wheel & attachment: _____

Was a Battery/Fuel isolation switch (*used with reinforced cockpits or belt restraints*) present? YES / NO

If YES, was it used during the rescue/recovery and did its activation pose any problem? _____

As far as can be determined, did any of the following items fail; please itemise?

Please circle or highlight the item(s) and describe the method of the failure below or on a separate sheet or next page. Also include Manufacturer or Model of the item(s), if available. Also indicate if any plating or metal treatments have been applied (i.e.: chrome, anodising, cad plating etc)

Propeller	prop shaft	Gearbox	Jackshaft
Skeg	rudder	Quadrant/Tiller	steering pulleys
Steering cable	steering wheel	Cavitation plate/controls	motor mounts
Power Trim/controls	carburettor springs	Accelerator pedal/linkage	

Please specify any other parts that appear to have failed, but were not listed previously: _____

Any other information that you feel may be relevant? _____

WHEN COMPLETE By club Officials

1. Send to your State Council and State Safety Officer to review all documents and confirm completion in full.
2. Once all documentation has been reviewed and attached, please either

Mail to - PO Box 11050, Frankston Vic 3199 or

Email - send to apbasecretary@gmail.com and apbasafetyofficer@gmail.com