

National Authority Affiliated with the Union Internationale Motonautique

## **INCIDENT & BOAT REPORT**

#### **FORM 41**

**Amended May 2024** 

National President: <a href="mailto:apbauspresident@gmail.com">apbauspresident@gmail.com</a>
National Secretary: <a href="mailto:apbauspresident@gmail.com">apbauspresident@gmail.com</a>

# **INCIDENT & BOAT REPORT**

VENU	E:	 
CLUB:		 
DATE	:	 
BOAT	S INVOLVED:	
1:		 
2:		 
	ut this form when an ind se ensure that all questi	
9	STATE SAFETY OFFICER USE ONLY	CLUB CHECK LIST
	Driver Error	
	Water Conditions	
腨	Mechanical Fault Hull Failure	for each Boat involved  1 Driver Statement (c)
	Other (please specify)	Rescue Personnel Statement (s) Medical Reports (if Applicable)
	Yellow Card Issued	1 Videos / Photographs

#### WHEN COMPLETE

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

### **INCIDENT REPORT**

Person making report:	Position held:			
Contact phone number(s):				
Venue:	Date		Time:	
Club conducting event:	<u> </u>			
Weather conditions:				
Relative to the boat(s), from where was any wind blowing and	I how strong was	t?:		
Water conditions: Calm: ( ) Choppy: ( ) Rough:	( ) Very Rou	gh: ( ) Sl	oppy: (	)
Other (specify):				
Was visibility hampered by sun, rain, fog, exhaust haze, etc?  Number of boats in race:	Class of race (H'ca	n 6 litro oto):		
Number of boats in race.  Number of boats involved in the incident:	lass of face (H ca	ip, 6 iiire, eic).		
	) Collision: (	```		
Type of Incident: Spin: ( ) Flip: ( ) Barrel Roll: ( Other ( <i>please specify</i> ):	) Comsion. (	,		
DETAILS OF INCIDENT				
IOW LONG DID IT TAKE FOR THE RESCUE PERSONNEL TO REACH THI	DRIVER(S):			
PESCRIBE IN DETAIL, THE RECOVERY AND RESCUE:				
	:nv2			
VERE THERE ANY PROBLEMS DURING THE RESCUE AND/OR RECOVE	:RY?			

E RACE COMMITTEE	ABLE TO DETERMINE T	HE CAUSE OF THE	INCIDENT, IF SO	O, PLEASE GIVE I	DETAILS?	
		DIAGRAM C	F INCIDENT			
	eparate sheet) please r					•

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?:	
Driver Statement -	
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 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 YE specify the distance from the boat:	S,
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, 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:					
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 platting 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?					
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 <a href="mailto:apbasecretary@gmail.com">apbasecretary@gmail.com</a> and <a href="mailto:apbasecretary@gmail.com">apbasecretary@gmail.com</a> and <a href="mailto:apbasecretary@gmail.com">apbasecretary@gmail.com</a>