



## AUSTRALIAN POWER BOAT ASSOCIATION

National Authority Affiliated with the Union Internationale Motonautique

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**Form 42**  
Updated Sept 2021

# BOAT REPORT

BOAT NAME: \_\_\_\_\_

VENUE: \_\_\_\_\_

CLUB: \_\_\_\_\_

DATE: \_\_\_\_\_

Fill out **ONE** of these forms for each boat involved in an incident.

Please ensure that all questions are complete and that copies of the boat scrutineering form is included along with any other relevant information.

### SAFETY OFFICER USE ONLY

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

\_\_\_\_\_

\_\_\_\_\_

- Yellow Card Issued

# Boat Report

Please use ONE boat report form per boat involved in the incident. A copy of the scrutineering form for each boat MUST accompany this form.

IN DIAGRAM CONTAINED IN THE INCIDENT REPORT, THIS BOAT IS LABELLED AS: \_\_\_\_\_

Name of Boat: \_\_\_\_\_ Hull Identification Number (HIN): \_\_\_\_\_

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): \_\_\_\_\_

NAME AND ADDRESS OF OWNER (*if other than the driver*): \_\_\_\_\_

APBA Owners Licence Number: \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

SBA Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ State of issue: \_\_\_\_\_

NAME AND ADDRESS OF DRIVER: \_\_\_\_\_

APBA Licence Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

SBA Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ State of issue: \_\_\_\_\_

Type and Manufacturer of Personal Flotation Device (PFD or Life Jacket): \_\_\_\_\_

Was the PFD still on the driver after the incident? YES / NO If NO, please explain: \_\_\_\_\_

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? 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: \_\_\_\_\_

Type of Incident: Spin: (\_\_\_\_) Flip: (\_\_\_\_) Barrel Roll: (\_\_\_\_) Collision: (\_\_\_\_)

Other (please specify): \_\_\_\_\_

After the Incident the boat was: Floating (unaided): YES / NO Inverted: YES / NO Submerged: YES / NO  
Nose up: YES / NO Ashore: YES / NO

Other (please specify): \_\_\_\_\_

After the incident, the driver was –

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 is 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 the 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 in the boat? YES / NO

**Were the following items still secure?:**

If not, please describe below 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 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? \_\_\_\_\_

**DAMAGE TO THE BOAT :**

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.

Were any separate sheets included with this report: \_\_\_\_\_

If so, how many: \_\_\_\_\_

Were any photographs included with this report: \_\_\_\_\_

If so, how many: \_\_\_\_\_

Were any video tapes included with this report: \_\_\_\_\_

If so, how many: \_\_\_\_\_