



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 and Indemnity Forms are included along with any other relevant information

Safety Officer Use Only	
<input type="checkbox"/>	Driver Error
<input type="checkbox"/>	Water Conditions
<input type="checkbox"/>	Mechanical Fault
<input type="checkbox"/>	Hull Failure
<input type="checkbox"/>	Unable to Determine
<input type="checkbox"/>	Other (please specify)

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. If there is insufficient space, please include a separate sheet.

Person making report: _____ Position held: _____ Contact number: _____ 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: _____

S B A Licence No: _____ Expiry Date: _____ State of Issue: _____

NAME & ADDRESS OF DRIVER: _____

APBA Licence Number: _____ Contact Phone Number: _____

SBA Licence No: _____ 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 Lid: _____ **Open:** _____ **Open with windshield** _____

Was the Cockpit damaged during the incident? YES / NO If YES, please describe the damage: _____

Was the Boat fitted with:-

***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 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 problems? _____

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

Please tick 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: _____