



AUSTRALIAN POWER BOAT ASSOCIATION

National Authority Affiliated with the Union Internationale Motonautique

**INCIDENT & BOAT REPORT
FORM 41 A**

Amended Aug 2024

National President: apbauspresident@gmail.com

National Secretary: apbasecretary@gmail.com

**Supplementary Information
for Boat involved in Incident**

Boat

When more than one boat is involved in an Incident, please complete a separate Form 41 A for each boat, and attach to main report - Form 41

Number the Boat as detailed in Form 41 - ie. Boat2 or Boat 3, etc

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(please indicate Boat number used in Incident report

Name of Boat :		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):			
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?:			
Type and Manufacturer of PFD			
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?:			
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:			
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 #:		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 # –			
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?: 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