

Appendix D1

Bird Strike reporting forms

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Electronic

- <https://www.gov.uk/guidance/report-an-aircraft-accident-or-serious-incident>
(AAIB - Accidents Investigation Branch. UK).
- <https://www.atsb.gov.au/mandatory/asair-form/>
(ATSB - Australia's national transport safety investigator. Australia).
- <https://www.bea.aero/en/contact-us/>
(BEA - Bureau d'Enquêtes et d'Analyses pour la sécurité de l'aviation civile. France).
- <https://onl-meldung.bfu-web.de/onlmeldung/index.php>
(BFU - Bundesstelle für Flugunfalluntersuchung. Germany).
- https://wwwapps.tc.gc.ca/Saf-Sec-Sur/2/bsis/s_r.aspx?lang=eng
(CAA - Canada).
- <https://occurrences.caa.govt.nz/ProdUI/>
(CAA - New Zealand).
- <https://www.easa.europa.eu/domains/safety-management/aviation-safety-reporting>
(EASA - European Aviation Safety Agency).
- <https://reporting.enac.gov.it/eemor-4103/index.php>
(ENAC - Italy).
- <https://wildlife.faa.gov/add>
(FAA - USA).
- <http://www.caa.co.za/Pages/Accidents%20and%20Incidents/How-to-report-accident.aspx>
(South African Civil Aviation Authority. Sud Africa).

Canada



Transport Canada Transports Canada
 Safety and Security Sécurité et sûreté



Bird/Wildlife Strike Report

Rapport d'impact d'oiseau/de mammifère

TYPE <input type="checkbox"/> Bird Strike/Impact d'oiseau <input type="checkbox"/> Bird Near Miss/Quasi-impact d'oiseau	<input type="checkbox"/> Mammal Strike/Impact de mammifère <input type="checkbox"/> Mammal Near Miss/Quasi-impact de mammifère	DATE	LOCAL TIME HEURE LOCALE
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REPORTING SOURCE SOURCE DU RAPPORT	<input type="checkbox"/> Pilot/Pilote <input type="checkbox"/> Site <input type="checkbox"/> Other/Autre	<input type="checkbox"/> Airline/Compagnie aérienne <input type="checkbox"/> Museum/Musée	OPERATOR EXPLOITANT	HEIGHT (AGL, feet) ALTITUDE (AGL, pieds)	SPEED (IAS knots) VITESSE (vi-noeuds)
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AIRCRAFT INFORMATION – INFORMATION SUR L'AÉRONEF

Model/Modèle	Registration/Immatriculation	Engine Type/Type de moteur
Make/Marque	Flight No./N° de vol	Engine Make/Marque du moteur

AIRPORT AÉROPORT	Name/Nom	Code	Province	Region/Région	Runway/Piste
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PHASE OF OPERATION PHASE DE L'OPÉRATION	<input type="checkbox"/> Takeoff Run/Roulement au décollage <input type="checkbox"/> Climb/Montée <input type="checkbox"/> En route/Croisière (Distance from Airport/Distance de l'aéroport _____)	<input type="checkbox"/> Approach/Approche <input type="checkbox"/> Descent/Descente	<input type="checkbox"/> Landing Roll/Roulement à l'atterrissage <input type="checkbox"/> Taxi/Circulation au sol <input type="checkbox"/> Parked/Stationnement
---	--	---	---

PART(S) STRUCK/DAMAGED PARTIE(S) TOUCHÉE(S)/ ENDOMMAGÉE(S)	Struck / Damaged	
	Touchée	Endommagée
Radome/Radôme		
Windshield/Pare-brise		
Nose/Partie avant de l'appareil		
Engine/Moteur 1		
Engine/Moteur 2		
Engine/Moteur 3		
Engine/Moteur 4		
Propeller/Hélice		
Wings/Ailes		
Rotor/Rotor		
Fuselage		
Landing Gear/Train d'atterrissage		
Tail/Queue		
Lights/Feux		
Pitot Static/Antenne Pitot		
Tail Rotor/Rotor anticouple		
Other/Autre _____		

EFFECT(S) ON AIRCRAFT/FLIGHT EFFET(S) SUR L'AÉRONEF/LE VOL
None Aucun
Aborted Takeoff Décollage interrompu
Precautionary Landing Atterrissage de précaution
Engine(s) Shut Down Arrêt de(s) moteur(s)
Forced Landing Atterrissage forcé
Fire Feu
Penetration of Airframe Pénétration de la cellule
Vision Obscured Visibilité réduite
Engine Ingestion Ingestion dans le moteur
Engine Uncontained Failure Panne de moteur avec perforation
Other Autre _____

LIGHT CONDITION CONDITION D'ÉCLAIRAGE	
Dawn Aube	
Day Jour	
Dusk Crépuscule	
Night Nuit	

SKY CONDITION ÉTAT DU CIEL	
No Cloud Pas de nuage	
Some Cloud Quelques nuages	
Overcast Couvert	

PRECIPITATION PRÉCIPITATION	
Rain Pluie	
Fog Brouillard	
Snow Neige	
Other Autre _____	

BIRD / MAMMAL INFORMATION INFORMATION CONCERNANT L'OISEAU / LE MAMMIFÈRE				
SPECIES – COMMON NAME ESPÈCE – NOM COMMUN	SIZE OF BIRD TAILLE DE L'OISEAU <input type="checkbox"/> Small/Petit <input type="checkbox"/> Medium/Moyen <input type="checkbox"/> Large/Grand	NUMBER OF BIRDS NOMBRE D'OISEAUX 0 1 2-10 11-100 More/Plus	Seen Aperçus	Struck Touchés
SCIENTIFIC NAME NOM SCIENTIFIQUE				
BIRD REMAINS SUBMITTED FOR IDENTIFICATION? LES RESTES DE L'OISEAU ONT-ILS ÉTÉ EXPÉDIÉS POUR IDENTIFICATION?		PILOT WARNED OF BIRDS? PILOTE AVERTI DE LA PRÉSENCE DES OISEAUX?		<input type="checkbox"/> Yes/Oui <input type="checkbox"/> No/Non

51-0272 (06-97)

Bird/Wildlife Strike Report
Rapport d'impact d'oiseau/de mammifère
**INFORMATION ON ENGINE DAMAGE STRIKES
INFORMATION CONCERNANT LE MOTEUR ENDOMMAGÉ PAR L'IMPACT D'OISEAUX**

Reason for Failure/Shutdown Raison de la panne/de l'arrêt du moteur	Engine Motor No. - N° du moteur				Comments - Commentaires
	1	2	3	4	
Engine Uncontained Failure Panne de moteur avec perforation des parois					
Fire Feu					
Shutdown - Vibration Arrêt-moteur - Vibrations					
Shutdown - Temperature Arrêt-moteur - Température					
Shutdown - Fire Warning Arrêt-moteur - Alarme incendie					
Shutdown - Arrêt-moteur Other (specify)/Autre (précisez)					
Shutdown Unknown Arrêt-moteur inconnu					
Estimated % of Thrust Lost Estimation en % de la perte de puissance					
Estimated Number of Birds Ingested Estimation du nombre d'oiseaux impliqués					

**ADDITIONAL INFORMATION
INFORMATION SUPPLÉMENTAIRE**
**COST INFORMATION
INFORMATION SUR LES COÛTS**

 Aircraft Time Out of Service/
Durée de la mise hors service de l'aéronef

 Hours
Heures

 Estimated Cost of Repairs or Replacement/
Estimation des coûts de réparation ou de remplacement

 \$CDN _____
 (In Thousands/En milliers)

**DAMAGE CATEGORY (DND)
CATÉGORIE ENDOMMAGÉE (MDN)**

 Estimated Other Costs (e.g., Loss of Revenue, Hotels)
Estimation des autres coûts(ex. perte de revenus, hôtels)

 \$CDN _____
 (In Thousands/En milliers)

REMARKS - REMARQUES

 REPORT BY / DÉPOSÉ PAR: _____ DATE: _____
 ORGANIZATION / ORGANISATION: _____ TELEPHONE #/N° DE TÉLÉPHONE #: (____) _____

France

ANNEX 1 : Wildlife collision report



WILDLIFE COLLISION REPORT

1. Airline:
2. Aircraft (manufacturer/model):
3. Engine (manufacturer/model):
4. Aircraft registration number:
5. Date (dd/mm/yy):
6. Time GMT:
7. Dawn day dusk night
8. Name of the aerodrome:
Runway used:
Place of the incident (if occurred in flight)

9. Altitude / Ground (in feet):

10. Indicated airspeed (in knots):

11. Flight phase:

-take-off (0-50 ft)	
-climb (>50 ft)	
-cruise	
-holding	
-descent	
-approach (100-50 ft)	
-landing (<50 ft)	
-unknown	

12. Lights on:

-landing lights	
-flashing lights	

13. Weather conditions:

-VMC	
-IMC	
-Fog	
-Rain	
-Snow	

Clouds:

Visibility:

14. Wildlife species:

Number of animals	hit	seen
-1		
-2 to 10		
-11 to 100		
-more than 100		

Size of animals:

-small	
-medium	
-large	

Pilot informed of wildlife presence:

Yes No

15. Consequences on the flight:

-none	
-aborted takeoff	
-precautionary landing	
-engine shutdown	
-other (please specify)	

16. Parts of the aircraft hit and damage caused

	Hit	Damaged
-radome		
-windscreen		
-nose fuselage		
-engine no.1		(re. part 18)
-engine no.2		(re. part 18)
-engine no.3		(re. part 18)
-engine no.4		(re. part 18)
-propeller		
-wing/rotor		
-fuselage		
-landing gear		
-tail unit		
-lights		
-other		(re. part 19)

17. Aircraft grounding:

-Grounding duration (in hours):

-Estimated cost of repairs or replacement (in euros):

-Other estimated costs (in euros):

(for example: loss of potential earnings, fuel, hotel)

18. Engine damage (Reason for failure or engine shutdown)

Engine position number	1	2	3	4
-engine breakage				
-with projection of debris				
-fire				
-shutdown Vibrations				
-shutdown Temperature				
-shutdown Fire warning				
-shutdown Other (please specify)				
-shutdown - unknown				

-Estimated percentage of loss of thrust:

-Estimated number of birds ingested:

19. Observations:

Photos and/or feathers (if bird): to be sent to one of the addresses below.

Germany

LUFTFAHRTHANDBUCH DEUTSCHLAND

AIP GERMANY

**Deutscher Ausschuss zur Verhütung
von Vogelschlägen im Luftverkehr e. V.
Hanna-Kunath-Straße 18
28199 Bremen**



DAVVL e.V.

Fax: +49 421 59702741
Phone: +49 421 59702740

E-Mail: birdstrike@davvl.de

Notification of a Collision between an Aircraft and Birds

Basis: Publication of the Federal Ministry of Transport and Digital Infrastructure (BMVI) of 18 March 2016 (NfL 1-703-16)

Flight Number: _____
Aircraft Make/Model: _____
Engine Make/Model: _____
Aircraft Registration: _____
Date: _____
Local Time: _____
 day dusk night
Aerodrome Name: _____
Runway Used: _____
Location: _____
Height (AGL): _____ ft
Speed (IAS): _____ kt

Phases of Flight

parked	<input type="checkbox"/>	enroute	<input type="checkbox"/>
taxi	<input type="checkbox"/>	descent	<input type="checkbox"/>
take-off run	<input type="checkbox"/>	approach	<input type="checkbox"/>
climb	<input type="checkbox"/>	landing roll	<input type="checkbox"/>

Part(s) of Aircraft	struck	damaged
radome	<input type="checkbox"/>	<input type="checkbox"/>
windshield	<input type="checkbox"/>	<input type="checkbox"/>
nose (excluding above)	<input type="checkbox"/>	<input type="checkbox"/>
engine pos. 1	<input type="checkbox"/>	<input type="checkbox"/>
engine pos. 2	<input type="checkbox"/>	<input type="checkbox"/>
engine pos. 3	<input type="checkbox"/>	<input type="checkbox"/>
engine pos. 4	<input type="checkbox"/>	<input type="checkbox"/>
propeller	<input type="checkbox"/>	<input type="checkbox"/>
wing/rotor	<input type="checkbox"/>	<input type="checkbox"/>
fuselage	<input type="checkbox"/>	<input type="checkbox"/>
landing gear	<input type="checkbox"/>	<input type="checkbox"/>
tail	<input type="checkbox"/>	<input type="checkbox"/>
lights	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Effect on Flight:

none	<input type="checkbox"/>
aborted take-off	<input type="checkbox"/>
precautionary landing	<input type="checkbox"/>
engines shut down	<input type="checkbox"/>
other (specify) _____	

Sky Condition:

no cloud	<input type="checkbox"/>	some cloud	<input type="checkbox"/>	overcast	<input type="checkbox"/>
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Precipitation:

no precipitation	<input type="checkbox"/>
fog	<input type="checkbox"/>
rain	<input type="checkbox"/>
snow	<input type="checkbox"/>

Bird Species: _____
Please submit bird remains, if available, to identify species !

Bird remains sent to DAVVL: yes, no

Number of Birds	seen	struck
none	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2 - 10	<input type="checkbox"/>	<input type="checkbox"/>
11 - 100	<input type="checkbox"/>	<input type="checkbox"/>
more than 100	<input type="checkbox"/>	<input type="checkbox"/>

Size of Birds

small	<input type="checkbox"/>	medium	<input type="checkbox"/>	large	<input type="checkbox"/>
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Pilot Warned of Birds? yes no

Remarks
(describe damage, injuries and other information)

Particulars for checking back/to avoid duplicating information (no additional data processing):

Registration Mark _____ Operator of Aircraft _____
Notification compiled on _____ by _____ (name) (crew ground personnel)

Data saving and additional data processing are subject to the regulations of the BDSG.

Italy



ALLEGATO 1a



Bird Strike Reporting Form

da inviare a (to be sent to)
BIRD STRIKE COMMITTEE ITALY
c/o ENAC - Direzione Politiche di Sicurezza e Ambientali
Viale di Castro Pretorio, 118 - 00185 Roma
Fax: +39 0644596271 • Email: c.eminente@enac.rupa.it

Le informazioni raccolte in questo form sono necessarie per permettere all'ENAC di stimare la grandezza e la gravità del problema degli impatti tra fauna e aerei. Queste informazioni vengono utilizzate esclusivamente per migliorare le tecniche di riduzione del fenomeno e costituiscono oggetto di segnalazione obbligatoria.

A) Impatto (o presunto tale) accertato direttamente dal personale navigante;

Si prega di compilare in maniera completa il seguente form, uno per ciascuno degli eventi riscontrati.



A. Impatto (o presunto tale) accertato dal pilota
Birdstrike (real or possible) reported by pilot

 A1. Impatto certo *Real strike*
 A2. Rischio di impatto *Potential strike*

1a. Aeroporto Airport	2a. Data Date Giorno / Mese / Anno Day / Month / Year	3a. Ora locale Local Time Ora ___ Min ___ Hour Min <input type="checkbox"/> giorno day <input type="checkbox"/> notte night <input type="checkbox"/> alba dawn <input type="checkbox"/> tram. dusk				
4a. Nome Operatore Name of Operator	5a. Modello di aereo Aircraft Make/Model	6a. Modello di motore Engine Make/Model				
7a. No. Volo Flight No.	8a. Pista utilizzata Runway Used	9a. Quota Height (FT)	10a. Velocità Speed (KT)			
11a. Fase del volo Phase of Flight <input type="checkbox"/> A. Parcheggiato <i>Parked</i> <input type="checkbox"/> B. Rullaggio <i>Taxi</i> <input type="checkbox"/> C. Accelerazione <i>Take-off Run</i> <input type="checkbox"/> D. Salita <i>Climb</i> <input type="checkbox"/> E. Crociera <i>En Route</i> <input type="checkbox"/> F. Discesa <i>Descent</i> <input type="checkbox"/> G. Avvicinamento <i>Approach</i> <input type="checkbox"/> H. Decelerazione <i>Landing Roll</i>	12a. Parti dell'aereo colpite/danneggiate Part(s) of Aircraft Struck or Damaged					
		Colpite Struck	Danneggiate Damaged		Colpite Struck	Danneggiate Damaged
	A. Radome B. Windshield C. Nose D. Engine 1 E. Engine 2 F. Engine 3 G. Engine 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H. Propeller I. Wing/Rotor J. Fuselage K. Landing Gear L. Tail M. Lights N. Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13a. Effetto sul volo Effect on flight <input type="checkbox"/> Nessuno <i>None</i> <input type="checkbox"/> Decollo abortito <i>Aborted Take-off</i> <input type="checkbox"/> Atterraggio precauz. <i>Precaut. Landing</i> <input type="checkbox"/> Arresto motore(i) <i>Engine(s) Shutdown</i> <input type="checkbox"/> Atterraggio forzato <i>Forced Landing</i> <input type="checkbox"/> Impedimento visivo <i>Vision obscured</i> <input type="checkbox"/> Altro <i>Other (specify)</i>	14a. Condizioni del cielo Sky condition <input type="checkbox"/> Sereno <i>No Cloud</i> <input type="checkbox"/> Poco nuvoloso <i>Some Cloud</i> <input type="checkbox"/> Molto nuvoloso <i>Overcast</i>	15a. Precipitazioni Precipitation <input type="checkbox"/> Nebbia <i>Fog</i> <input type="checkbox"/> Pioggia <i>Rain</i> <input type="checkbox"/> Neve <i>Snow</i> <input type="checkbox"/> Nessuna <i>None</i>				
16a. Specie volatili Bird Species	17a. No. Volatili No of Birds			18a. Dimensione volatili Birds Size		
	No.	Visti <i>Seen</i>	Colpiti <i>Struck</i>	<input type="checkbox"/> Piccoli (es. passero) <i>Small (e.g. sparrow)</i> <input type="checkbox"/> Medi (es. piccione) <i>Medium (e.g. pigeon)</i> <input type="checkbox"/> Grandi (es. airone) <i>Large (e.g. heron)</i>		
19a. Pilota avvisato dei volatili Pilot Warned of Birds <input type="checkbox"/> Si <i>Yes</i> <input type="checkbox"/> No <i>No</i>	1 2-10 11-100 > 100	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20a. Note (descrivere i danni e altre informazioni pertinenti) Remarks (Describe damage, injuries and other pertinent information)						
21a. Form Compilato da Form Reported by				22a. Ruolo Title		

ICAO

BIRD STRIKE REPORTING FORM

Send to _____

Operator _____ 01/02 Effect on Flight

Aircraft Make/Model _____ 03/04 none 32

Engine Make/Model _____ 05/06 aborted take-off 33

Aircraft Registration _____ 07 precautionary landing 34

Date day _____ month _____ year _____ 08 engines shut down 35

Local Time _____ 09 other (specify) 36

dawn A day B dusk C night D 10

Aerodrome Name _____ 11/12 Sky Condition _____ 37

Runway Used _____ 13 no cloud A

Location if En Route _____ 14 some cloud B

Height AGL _____ ft 15 overcast C

Speed (IAS) _____ kt 16

Phase of Flight 17

precipitation

fog 38

rain 39

snow 40

parked A en route E

taxi B descent F

take-off run C approach G

climb D landing roll H

Bird Species* _____ 41

Part(s) of Aircraft

	Struck	Damaged		Seen		Struck	
radome	<input type="checkbox"/> 18	<input type="checkbox"/>	1	<input type="checkbox"/> A	<input type="checkbox"/> A		
windshield	<input type="checkbox"/> 19	<input type="checkbox"/>	2-10	<input type="checkbox"/> B	<input type="checkbox"/> B		
nose (excluding above)	<input type="checkbox"/> 20	<input type="checkbox"/>	11-100	<input type="checkbox"/> C	<input type="checkbox"/> C		
engine no. 1	<input type="checkbox"/> 21	<input type="checkbox"/>	more	<input type="checkbox"/> D	<input type="checkbox"/> D		
2	<input type="checkbox"/> 22	<input type="checkbox"/>					
3	<input type="checkbox"/> 23	<input type="checkbox"/>					
4	<input type="checkbox"/> 24	<input type="checkbox"/>					
propeller	<input type="checkbox"/> 25	<input type="checkbox"/>					
wing/rotor	<input type="checkbox"/> 26	<input type="checkbox"/>					
fuselage	<input type="checkbox"/> 27	<input type="checkbox"/>					
landing gear	<input type="checkbox"/> 28	<input type="checkbox"/>					
tail	<input type="checkbox"/> 29	<input type="checkbox"/>					
lights	<input type="checkbox"/> 30	<input type="checkbox"/>					
others (specify)	<input type="checkbox"/> 31	<input type="checkbox"/>					

Number of Birds

Size of Bird _____ 44

small S

medium M

large L

Pilot warned of Birds _____ 45

yes Y no X

Remarks (describe damage, injuries and other pertinent information) _____ 46/47

Reported by _____
(Optional)

*Send all bird remains including feather fragments to:

THIS INFORMATION IS REQUIRED FOR AVIATION SAFETY

BIRD STRIKE REPORTING FORM

A. BASIC DATA

Operator _____ 01/02
 Aircraft Make/Model _____ 03/04
 Engine Make/Model _____ 05/06
 Aircraft Registration _____ 07
 Date of Strike day _____ month _____ year _____ 08
 Aerodrome/Location if known _____ 11/12/14

B. COST INFORMATION

Aircraft time out of service _____ hours 52
 Estimated cost of repairs or replacement *U.S.\$ (in thousands)* _____ 53
 Estimated other costs
 (e.g. loss of revenue, fuel, hotels) *U.S.\$ (in thousands)* _____ 54

C. SPECIAL INFORMATION ON ENGINE DAMAGE STRIKES

Engine position number	1		2		3		4	
Reason for failure/shutdown	55		56		57		58	
uncontained failure	<input type="checkbox"/>	A	<input type="checkbox"/>	A	<input type="checkbox"/>	A	<input type="checkbox"/>	A
fire	<input type="checkbox"/>	B	<input type="checkbox"/>	B	<input type="checkbox"/>	B	<input type="checkbox"/>	B
shutdown – vibration	<input type="checkbox"/>	C	<input type="checkbox"/>	C	<input type="checkbox"/>	C	<input type="checkbox"/>	C
shutdown – temperature	<input type="checkbox"/>	D	<input type="checkbox"/>	D	<input type="checkbox"/>	D	<input type="checkbox"/>	D
shutdown – fire warning	<input type="checkbox"/>	E	<input type="checkbox"/>	E	<input type="checkbox"/>	E	<input type="checkbox"/>	E
shutdown – other (specify)	<input type="checkbox"/>	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>	Y
----- shutdown – unknown	<input type="checkbox"/>	Z	<input type="checkbox"/>	Z	<input type="checkbox"/>	Z	<input type="checkbox"/>	Z
Estimated percentage of thrust loss*	_____	59	_____	60	_____	61	_____	62
Estimated number of birds ingested	_____	63	_____	64	_____	65	_____	66

Bird species _____ 41

** These may be difficult to determine but even estimates are useful.*

Send all bird remains including feather fragments to:

Reported by _____

New Zealand

OCC NO. | | | | | | | | | | FILE NO. | | | | | | | | | | SAI | | | | | | | | | |

Occurrence Report



CIVIL AVIATION AUTHORITY
OF NEW ZEALAND
Te Mana Rererangi Tūmatanui o Aotearoa

Complete unshaded areas only where applicable. Post or email to CAA as soon as possible.
To report an accident or serious incident phone: 0508 ACCIDENT (0508 222 433) Monitored 24 hours a day, seven days a week.
To report other safety or security concerns phone: 0508 4SAFETY (0508 472 338) Available office hours (voice mail after hours).
Then post or email this form to isi@caa.govt.nz

Reporter's Details

Name	<input type="text"/>	Position	<input type="text"/>
Organisation	<input type="text"/>	Reporter's Client ID	<input type="text"/>
Date	<input type="text"/>	Telephone	<input type="text"/>
		Email	<input type="text"/>
Reporter's Ref number	<input type="text"/>	Reporter's Investigation	<input type="checkbox"/> Open OR <input type="checkbox"/> Closed
Number of attachments (if any)	<input type="text"/>		

Occurrence Details

Date of occurrence	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> NZST <input type="checkbox"/> NZDT <input type="checkbox"/> UTC	Location	<input type="text"/>
Aircraft registration Z K -	<input type="text"/>	Aircraft Make and Model	<input type="text"/>			
Operator Name	<input type="text"/>				Operator Client ID	<input type="text"/>
Persons on Board	<input type="text"/>	Number of injuries - Fatal	<input type="text"/>	<input type="text"/>	Serious	<input type="text"/>
			Crew	Pax	Crew	Pax
					Minor	<input type="text"/>
					Crew	Pax

Description of Occurrence

Health & Safety at Work Act - Type of Notification

Is this a Notifiable Event per Health & Safety at Work Act 2015 s23-25?
(i.e death, notifiable incident or notifiable injury or illness) Yes No

Have you notified any other agencies? Yes No If Yes please provide details:

Are you making a notification as a: PCBU H&S Representative Other details below:

Continue over page...

CA005 Nov 2017

Operational Details

Flight No./Call sign Altitude AGL ASL FL Runway used

Departure point Intended Destination point Nearest reporting point (NRP)

Distance and bearing from NRP NM Deg True VFR IFR VMC IMC

Scheduled OR Non-Scheduled Domestic OR International ETOPS

Nature of flight

<input type="checkbox"/> Passenger A to A	<input type="checkbox"/> Passenger A to B	<input type="checkbox"/> Freight only
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Business/executive	<input type="checkbox"/> Other Hire/reward
<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> Test or ferry/position	<input type="checkbox"/> Training Dual
<input type="checkbox"/> Training Solo	<input type="checkbox"/> Parachuting	<input type="checkbox"/> Other Private
<input type="checkbox"/> Other (specify) <input type="text"/>		

Flight phase

<input type="checkbox"/> parked	<input type="checkbox"/> taxiing	<input type="checkbox"/> takeoff
<input type="checkbox"/> climb	<input type="checkbox"/> hover	<input type="checkbox"/> cruise
<input type="checkbox"/> circuit	<input type="checkbox"/> aerobatics	<input type="checkbox"/> holding
<input type="checkbox"/> descent	<input type="checkbox"/> approach	<input type="checkbox"/> landing
<input type="checkbox"/> agricultural		

Effect on flight

<input type="checkbox"/> Nil	<input type="checkbox"/> Flight delayed/cancelled	<input type="checkbox"/> Aborted takeoff
<input type="checkbox"/> Failure to get airborne	<input type="checkbox"/> Emergency/precautionary descent	<input type="checkbox"/> Emergency/precautionary landing
<input type="checkbox"/> Go-around/missed approach	<input type="checkbox"/> Abnormal approach	<input type="checkbox"/> Diversion
<input type="checkbox"/> Turnback	<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Significant loss of control/performance
<input type="checkbox"/> Avoiding action	<input type="checkbox"/> Overweight landing	<input type="checkbox"/> Abnormal landing
<input type="checkbox"/> Runway excursion	<input type="checkbox"/> Other (specify) <input type="text"/>	

If weather is a significant factor include in description of occurrence

Pilot in command's name Licence No.

Pilot flight hours in last 90 days Flight hours on type Total flight hours

Last checked IFR BFR 6 month flight competency By - name

Date checked Check pilot's ID

Type of Occurrence (refer AC12-1)

Accident/incident

<input type="checkbox"/> Collision/strike object	<input type="checkbox"/> Component/system failure malfunction	<input type="checkbox"/> Loss of control
<input type="checkbox"/> Engine power loss	<input type="checkbox"/> Damage to aircraft	<input type="checkbox"/> Airframe failure
<input type="checkbox"/> Fire/explosion/fumes	<input type="checkbox"/> Fuel/fluids occurrence	<input type="checkbox"/> Flight crew illness/incapacitation
<input type="checkbox"/> Injuries to persons	<input type="checkbox"/> Failure of emergency equip/procedures	<input type="checkbox"/> Evacuation
<input type="checkbox"/> Pax/cargo related occurrence	<input type="checkbox"/> Valid warning/alert system	<input type="checkbox"/> Invalid warning/alert system
<input type="checkbox"/> Emergency declaration	<input type="checkbox"/> Other (specify) <input type="text"/>	

Airspace incident

Airspace ID - e.g AA / TMA/C

<input type="checkbox"/> Near collision	<input type="checkbox"/> Loss of separation	<input type="checkbox"/> Unauthorised altitude penetration
<input type="checkbox"/> Unauthorised airspace incursion	<input type="checkbox"/> Breach of other clearance	<input type="checkbox"/> Pilot flight planning deficiency
<input type="checkbox"/> Clearance/instruction deficiency	<input type="checkbox"/> Flight information deficiency	<input type="checkbox"/> Other (specify) <input type="text"/>

TCAS alert RA TA Intruder relative alt in feet Relative position o'clock

Navigation Installation Malfunction

Facility ID <input type="text"/>	Name <input type="text"/>	Facility Type <input type="text"/>
<input type="checkbox"/> Failure/non availability	<input type="checkbox"/> Coverage/intensity deficiency	<input type="checkbox"/> Alignment/course deficiency
<input type="checkbox"/> Excessive bends/roughness	<input type="checkbox"/> False overhead/distance indication	<input type="checkbox"/> Identification deficiency
<input type="checkbox"/> Readability deficiency	<input type="checkbox"/> Interference	<input type="checkbox"/> Other (specify) <input type="text"/>

Aerodrome Occurrence

<input type="checkbox"/> Physical surface deficiency	<input type="checkbox"/> Surface marking deficiency	<input type="checkbox"/> Wildlife incursion
<input type="checkbox"/> Physical obstruction	<input type="checkbox"/> Equipment/installation deficiency	<input type="checkbox"/> Apron management deficiency
<input type="checkbox"/> Public protection deficiency	<input type="checkbox"/> Other (specify) <input type="text"/>	
<input type="checkbox"/> Injuries to persons		

Dangerous Goods

Spillage/leakage Fumes/gas/smoke/fire Mis/non-declaration
 Other (specify)

Bird Hazard

Strike Near Strike Species Small Medium Large
Number seen 1 2-10 11-100 100+
Number hit 1 2-10 11-100 100+

Aircraft Defect/Engineering Details

Major component/system affected
ATA Code Part Defective
Manufacturer Model
Part number Serial number
TTIS Hours Cycles TSO Hours Cycles TSI Hours Cycles
Detection phase Unscheduled OR Scheduled maintenance Manufacturer advised Yes No
Compliance with AD SB Specify reference
Maintenance organisation Client ID Telephone
Aircraft damage level Destroyed Substantial Minor Other (specify)
Aircraft disposal Write-off Repair Unknown Other (specify)

Engineering Description of Incident

South Africa




Section/Division: ACCIDENT AND INCIDENT INVESTIGATIONS DIVISION Form Number: CA 12-07
 Telephone number: 011-545-1000 Fax Number: 011-545-1466
 Physical address: Bkaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
 Postal address: Private Bag X73, Halfway House 1685 Website: www.caa.co.za

EXTERNAL NOTIFICATION OF OCCURENCES IN TERMS OF CAR PART 12.02.1; 12.02.2 and 12.02.3

Occurrence Type		Date and Time of Occurrence		Date and Time Reported		Your Ref	
Accident		DATE	TIME	DATE	TIME	Our Ref	
Serious Incident							
Point of Departure					Date and Time of Departure		
Destination					Estimated Date & Time of Arrival		
Place of Accident							
		GPS coordinates					
NATURE OF SITE (DESCRIPTION)							
Mountainous	Sea / River	Bush	Aerodrome	Open Field	Farm	Other	
AIRCRAFT							
Manufacturer		Model		Registration		Serial	
OCCUPANTS							
Pilot		Crew		Passengers			
Fatalities	Injured	Not Injured		Other			
CREW							
Pilot in Command Details				Details of Pilot not Flying			
Name				Name			
Licence Type				Licence Type			
Contact Details				Contact Details			
OWNER, OPERATOR / LESSEE & AMO							
Details of Operator/Lessee							
Details of Owner							
Details of AMO							
OCCURRENCE DETAILS		<i>(Kindly insert more rows or add another page in case of insufficient space)</i>					
Details of Person Submitting							
Name				Organisation Name			
Tel/Cell				email			
Signature							
Was the Investigator on Call notified?		YES		NO		If "NO", Why?	
		<i>Specify reasons</i>					
AIID Office Use							
Registered by	<i>Name of Admin Officer</i>	Signature		Date			
Evaluated by	<i>Name of Manager/SM</i>	Signature		Date			
To be Investigated by	<i>Name of Accident Investigator</i>	Signature		Date			

USA

Form Approved OMB NO. 2120-0045
3/31/2010

 BIRD / OTHER WILDLIFE STRIKE REPORT						
U.S. Department of Transportation Federal Aviation Administration						
1. Name of Operator	2. Aircraft Make/Model	3. Engine Make/Model				
4. Aircraft Registration	5. Date of Incident _____ / _____ / _____ Month Day Year	6. Local Time of Incident <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk _____ HR _____ MIN <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM				
7. Airport Name	8. Runway Used	9. Location if En Route (Nearest Town/Reference & State)				
10. Height (AGL)	11. Speed (IAS)					
12. Phase of Flight <input type="checkbox"/> A. Parked <input type="checkbox"/> B. Taxi <input type="checkbox"/> C. Take-off Run <input type="checkbox"/> D. Climb <input type="checkbox"/> E. En Route <input type="checkbox"/> F. Descent <input type="checkbox"/> G. Approach <input type="checkbox"/> H. Landing Roll	13. Part(s) of Aircraft Struck or Damaged					
		Struck	Damaged		Struck	Damaged
	A. Radome	<input type="checkbox"/>	<input type="checkbox"/>	H. Propeller	<input type="checkbox"/>	<input type="checkbox"/>
	B. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	I. Wing/Rotor	<input type="checkbox"/>	<input type="checkbox"/>
	C. Nose	<input type="checkbox"/>	<input type="checkbox"/>	J. Fuselage	<input type="checkbox"/>	<input type="checkbox"/>
	D. Engine No. 1	<input type="checkbox"/>	<input type="checkbox"/>	K. Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>
	E. Engine No. 2	<input type="checkbox"/>	<input type="checkbox"/>	L. Tail	<input type="checkbox"/>	<input type="checkbox"/>
	F. Engine No. 3	<input type="checkbox"/>	<input type="checkbox"/>	M. Lights	<input type="checkbox"/>	<input type="checkbox"/>
	G. Engine No. 4	<input type="checkbox"/>	<input type="checkbox"/>	N. Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
14. Effect on Flight <input type="checkbox"/> None <input type="checkbox"/> Aborted Take-Off <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Engines Shut Down <input type="checkbox"/> Other: (Specify)	15. Sky Condition <input type="checkbox"/> No Cloud <input type="checkbox"/> Some Cloud <input type="checkbox"/> Overcast		16. Precipitation <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> None			
17. Bird/Other Wildlife Species	18. Number of birds seen and/or struck			19. Size of Bird(s) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		
	Number of Birds	Seen	Struck			
	1	<input type="checkbox"/>	<input type="checkbox"/>			
	2-10	<input type="checkbox"/>	<input type="checkbox"/>			
	11-100	<input type="checkbox"/>	<input type="checkbox"/>			
	more than 100	<input type="checkbox"/>	<input type="checkbox"/>			
20. Pilot Warned of Birds <input type="checkbox"/> Yes <input type="checkbox"/> No						
21. Remarks (Describe damage, injuries and other pertinent information)						
DAMAGE / COST INFORMATION						
22. Aircraft time out of service: _____ hours		23. Estimated cost of repairs or replacement (U.S. \$): \$ _____			24. Estimated other Cost (U.S. \$) (e.g. loss of revenue, fuel, hotels): \$ _____	
Reported by (Optional)			Title		Date	
Paperwork Reduction Act Statement: The information collected on this form is necessary to allow the Federal Aviation Administration to assess the magnitude and severity of the wildlife-aircraft strike problem in the U.S. The information is used in determining the best management practices for reducing the hazard to aviation safety caused by wildlife-aircraft strikes. We estimate that it will take approximately 6 minutes to complete the form. The information collected is voluntary. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0045. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20						