

Accident / Incident / Safety Report

REPORT IDENTIFICATION

If you identify your organisation and your report using the two following fields you can submit a follow-up report at a later stage using the same references.

	Country	Type of organisation	Organisation's approval number and name
Reporting entity			

Report identification	
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When and where

UTC Date - Time-(h:m)			Location of occurrence	
Local Date - Time-(h:m)			State/area	

What

Headline	
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Narrative	
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Aircraft identification

Aircraft registration		Manufacturer	
State of registry		Model	
Serial number		Series	
Year built		Other Information	<i>if applicable</i>

Aircraft maintenance

Aircraft total time- (h)		Total cycles a/c	
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Accident / Incident / Safety Report

AIRCRAFT PART/COMPONENT/SYSTEM ISSUE(S) DETECTED

Aircraft description

Propulsion type	<input type="checkbox"/> Reciprocating <input type="checkbox"/> Turboprop <input type="checkbox"/> Turbofan <input type="checkbox"/> Turboshaft <input type="checkbox"/> Other	Aircraft category	<input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Other
Number of engines		Landing gear type	
Maximum t/o mass		Wake turb. category	

Flight details

	Country	Operator name	Operation type
Operator			

Call sign		Flight number	
Flight phase	<input type="checkbox"/> Standing <input type="checkbox"/> Taxi <input type="checkbox"/> Take-off <input type="checkbox"/> En route <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/> Manoeuvring <input type="checkbox"/> Post-impact <input type="checkbox"/> Tow <input type="checkbox"/> Unknown	Occasion on ground	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Number of Persons on board		Number of Crewmembers on board	
Last departure point		Planned destination	

Accident / Incident / Safety Report

Part/Component/System information

Part name		Part number	
Serial number		ATA-Chapter	
Manufacturer			

	Time since new	Cycles since new	Date of manufacturing
Manufacturing			YYYY/MM/DD

	Time since overhaul	Cycles since overhaul	Date of overhaul
Overhaul			YYYY/MM/DD

	Time since inspection	Cycles since inspection	Date of repair / inspection
Inspection			YYYY/MM/DD

Add further part/component/system information for additional components if required.

Accident / Incident / Safety Report

ENGINE ISSUE(S) DETECTED (If applicable)

Engine information

Manufacturer		Model	
Part number		Serial number	
Engine position		ATA chapter involved	
Nature of issue	<input type="checkbox"/> Complete inability to shut the engine down <input type="checkbox"/> Non-containment of high-energy debris <input type="checkbox"/> Significant thrust in the opposite direction <input type="checkbox"/> Concentration of toxic products <input type="checkbox"/> Failure of the Engine mount system <input type="checkbox"/> Uncontrolled fire <input type="checkbox"/> Release of the propeller by the Engine <input type="checkbox"/> Other :		

	Time since new	Cycles since new	Date of manufacturing
Manufacturing			YYYY/MM/DD

	Time since overhaul	Cycles since overhaul	Date of overhaul
Overhaul			YYYY/MM/DD

	Time since inspection	Cycles since inspection	Date of inspection
Inspection			YYYY/MM/DD

Add further engine information if required.

Accident / Incident / Safety Report

PROPELLER ISSUE(S) DETECTED (If applicable)

Propeller information

Manufacturer		Model	
Part number		Serial number	
Propeller position		ATA chapter involved	
Nature of issue	<input type="checkbox"/> Development of excessive drag <input type="checkbox"/> Failure that results in excessive imbalance <input type="checkbox"/> Release of the propeller or any major portion of it <input type="checkbox"/> Significant thrust in the opposite direction to that commanded by the pilot <input type="checkbox"/> Other :		

	Time since new	Cycles since new	Date of manufacturing
Manufacturing			YYYY/MM/DD

	Time since overhaul	Cycles since overhaul	Date of overhaul
Overhaul			YYYY/MM/DD

	Time since inspection	Cycles since inspection	Date of inspection
Inspection			YYYY/MM/DD

Add further propeller information if required.

Accident / Incident / Safety Report

CLASSIFICATION AND RISK

Damage

Highest damage to aircraft	<input type="checkbox"/> Destroyed <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/> Unknown	Damage not to aircraft	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> Unknown
Third party damage	<input type="checkbox"/> No <input type="checkbox"/> Yes - Object damaged - damage by:		

Injuries

Injury level	<input type="checkbox"/> Fatal	<input type="checkbox"/> Serious	<input type="checkbox"/> Minor	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
Number of persons	Fatal	Serious	Minor		
On ground					
On aircraft					

Incapacitation (If applicable)

Person	1	2	3
Reason for incapacity			

Incapacitation (If applicable)

Person	1	2	3
Reason for incapacity			

Add further information if required.

Accident / Incident / Safety Report

Classification

Occurrence class (severity)	<input type="checkbox"/> Accident <input type="checkbox"/> Serious incident <input type="checkbox"/> Incident <input type="checkbox"/> Occurrence without safety effect <input type="checkbox"/> Observation <input type="checkbox"/> Not determined	Detection phase	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Scheduled Maintenance <input type="checkbox"/> Non-scheduled Maintenance <input type="checkbox"/> Standing <input type="checkbox"/> Taxi <input type="checkbox"/> Take-off <input type="checkbox"/> En route <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/> Manoeuvring <input type="checkbox"/> Post-impact <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Occurrence category	<input type="checkbox"/> ADRM Aerodrome <input type="checkbox"/> AMAN Abrupt manoeuvre <input type="checkbox"/> ARC Abnormal runway contact <input type="checkbox"/> ATM ATM CNS <input type="checkbox"/> BIRD Birdstrike <input type="checkbox"/> CABIN Cabin safety events <input type="checkbox"/> CFIT Controlled flight into or toward terrain <input type="checkbox"/> CTOL Collision with obstacle(s) during take-off and landing <input type="checkbox"/> EVAC Evacuation <input type="checkbox"/> EXTL External load related occurrences <input type="checkbox"/> F-NI Fire smoke (non-impact) <input type="checkbox"/> F-POST Fire smoke (post-impact) <input type="checkbox"/> FUEL Fuel related <input type="checkbox"/> GCOL Ground Collision <input type="checkbox"/> ICE Icing <input type="checkbox"/> LALT Low altitude operations <input type="checkbox"/> LOC-G Loss of control - ground <input type="checkbox"/> LOC-I Loss of control - inflight <input type="checkbox"/> LOLI Loss of lifting conditions en-route <input type="checkbox"/> MAC Airprox ACAS alert loss of separation (near) midair collision <input type="checkbox"/> MED Medical <input type="checkbox"/> NAV Navigation Error <input type="checkbox"/> OTHR Other <input type="checkbox"/> RAMP Ground Handling <input type="checkbox"/> RE Runway Excursion <input type="checkbox"/> SCF-NP System component failure or malfunction [non - powerplant] <input type="checkbox"/> SCF-PP Powerplant failure or malfunction <input type="checkbox"/> SEC Security Related <input type="checkbox"/> TURB Turbulence encounter <input type="checkbox"/> UIMC Unintended flight in IMC <input type="checkbox"/> UNK Unknown or undetermined <input type="checkbox"/> USOS Undershoot overshoot <input type="checkbox"/> WILD Collision Wildlife <input type="checkbox"/> WSTRW Windshear or thunderstorm		

Accident / Incident / Safety Report

ANALYSIS AND FOLLOW-UP (if already performed)

Assessment

Analysis / follow up	
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Corrective actions	
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Parties informed	<ul style="list-style-type: none"><input type="checkbox"/> State of Registry<input type="checkbox"/> State of Operator<input type="checkbox"/> State of Occurrence<input type="checkbox"/> Design Approval Holder (Engine)<input type="checkbox"/> Design Approval Holder (Propeller)<input type="checkbox"/> Aerodrome<input type="checkbox"/> ANSP<input type="checkbox"/> Operator<input type="checkbox"/> Owner<input type="checkbox"/> CAMO<input type="checkbox"/> Competent Authority<input type="checkbox"/> Safety Investigation Authorities<input type="checkbox"/> Other<input type="checkbox"/> Unknown
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