



# Aviation Accident or Incident Notification

Indicates information required for a wildlife strike.

### Personal particulars of reporter:

Your name  Today's date

Contact address  State  Code

Telephone  Facsimile  Email

### Role of reporter in relation to the aircraft:

Crew  Air Traffic Controller  CASA  
 Owner  Rescue/fire service  Aerodrome operator  
 Operator  LAME

### Crew and operator particulars:

Name of pilot in command  Nationality  Type of licence held  Licence number/ARN  Telephone

Name of pilot flying at the time of occurrence  Nationality  Type of licence held  Licence number/ARN  Telephone

Name of additional crew (if applicable)  Nationality  Crew position  Telephone

Aircraft registration  Flight number  Aircraft manufacturer and model

Name of aircraft owner  Aircraft operator (e.g. AOC holder/flying school)  If under hire name of aircraft renter/hirer

Operator's telephone  Facsimile  Email

### Accident/incident details:

Date of occurrence  Local time  Location e.g. name of airport or 27 NM west of Bowral, NSW (include latitude & longitude if possible)

Last departure point  Departure time  First point of intended landing  Actual point of landing (if different)

### Number of persons on board: If known, names and nationalities of all serious injuries and fatalities, please enclose additional page/s as necessary.

Total crew on board	No. with no injuries	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="s. 47F(1)"/>
Total passengers	No. with no injuries	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="s. 47F(1)"/>
		No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Persons injured on the ground:

### Aircraft damage:

Destroyed  Substantial  Minor  Nil

Damage description

### Effect on flight:

None  Rejected takeoff  Precautionary landing  Engine/s shut down  Other

### Weather conditions:

Wind (speed, direction and gusts)  Visibility  Precipitation  Cloud (type, amount and base)  Temperature

### Other information relevant to the event:

Flight rules:  VFR  IFR Flight conditions:  VMC  IMC Light conditions:  Daylight  Night  Dawn  Dusk

Aircraft standing  Taxiing  Takeoff  Climb  En-route  
 Manoeuvring  Descent  Approach  Landing  Other

Airspace designation  Height/altitude of occurrence  Runway number

### Type of operation:

Flying training – solo  Flying training – dual  Military  Sports aviation  Gliding  Air transport – passenger  
 \*Charter  \*Private  \*Agricultural  \*Aerial work  \*Other  Air transport – cargo

\*Purpose of flight

**Wildlife strike:**

Was a bird or animal involved

No   
Yes 

No. of birds

 Small Medium Large

Species

No. of animals

Species

**Please fully describe the accident or incident:**

All relevant documentation should be forwarded to ATSB. Include your suggestions as to how this type of occurrence could be prevented.

rough running motor. As coming to land in field struck a line on the way down

Please enclose additional page/s as necessary

**Factors contributing to the occurrence:**

Did this occurrence involve a false indication

No   
Yes 

(e.g. instrument, landing gear, fire warning)

Do you think that maintenance of the aircraft was a factor

No   
Yes 

Did an aircraft component fail

No   
Yes 

Do you think aircraft design was a factor in this occurrence

No   
Yes 

Are there any human performance issues or deficiencies in the aviation system that may have contributed to this occurrence?

No Yes  Distracting events/interruptions Environment (noise, visibility) Equipment design Fatigue Interpersonal problems at work Knowledge or experience Medical/physiological factors High workload Pre-occupation Training Recency Other

Results of operator's technical and/or operational investigation at time of submitting report or Chief Pilot /CFI comments where applicable

Please enclose additional page/s as necessary

Action carried out by operator to prevent recurrence

**For accidents only:***For accidents (occurrences involving fatalities or serious injuries to any person in the aircraft or on the ground, substantial damage or destroyed aircraft) only, please include the following information:***Additional pilot in command details:**

Date of birth:

Total flying hours

Total hours last 90 days

Hours on type

Hours on type last 90 days

**ELT information:**

ELT manufacturer and model

 Fixed Portable Manual activation Automatic Did not activate (why?)**ELT location** Cockpit Cabin Rear/tail Other

Information may be disclosed to other organisations or individuals in the interests of safety. Where possible, the ATSB will remove information that directly identifies an individual (i.e. names, licence numbers and addresses). However, other indirect identifiers (i.e. times, dates and locations for the occurrence of incidents) will usually be disclosed in the interests of safety. If the information is the subject of an investigation it will only be used in accordance with the Transport Safety Investigation Act 2003. See also the ATSB's Privacy Policy at [www.atsb.gov.au](http://www.atsb.gov.au).

**When complete, post to: ATSB Notifications Reply Paid 967, PO Box 967, Civic Square, ACT 2608. No postage stamp required. Or Fax to 02 6274 6434**