

OCC NO. _____ FILE NO. _____ SAI _____



Papua New Guinea Government
Civil Aviation Safety Authority

Accident and Incident Occurrence Report

Complete white areas only where applicable. If faxing this form send to + (675) 325 1789

Date of occurrence _____ Time _____ UTC Location _____
Aircraft manufacturer and model _____ Aircraft registration P2- _____
Operator _____ Client ID _____
POB _____ Number of injuries – Fatal _____ Serious _____ Minor _____
Crew Pax Crew Pax Crew Pax

Operational Details

Flight No./Call sign _____ Altitude _____ AGL AMSL FL Runway used _____
Departure point _____ Destination point _____ Nearest reporting point (NRP) _____
Distance and bearing from NRP _____ NM _____ VFR IFR VMC IMC

Nature of flight	<input type="checkbox"/> scheduled OR <input type="checkbox"/> non scheduled	<input type="checkbox"/> domestic OR <input type="checkbox"/> international	<input type="checkbox"/> ETOPS
Flight phase	<input type="checkbox"/> Passenger A to A <input type="checkbox"/> Agricultural <input type="checkbox"/> Training dual <input type="checkbox"/> Private other <input type="checkbox"/> Parked <input type="checkbox"/> Climb <input type="checkbox"/> Circuit <input type="checkbox"/> Descent	<input type="checkbox"/> Passenger A to B <input type="checkbox"/> Other aerial work <input type="checkbox"/> Training solo <input type="checkbox"/> Parachuting <input type="checkbox"/> Taxing <input type="checkbox"/> Hover <input type="checkbox"/> Aerobatics <input type="checkbox"/> Approach <input type="checkbox"/> Flight delayed/cancelled <input type="checkbox"/> Emergency/precautionary descent <input type="checkbox"/> Abnormal approach <input type="checkbox"/> Engine(s) shutdown <input type="checkbox"/> Overweight landing <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Freight only <input type="checkbox"/> Business/executive <input type="checkbox"/> Test or ferry/positioning <input type="checkbox"/> Air ambulance <input type="checkbox"/> Takeoff <input type="checkbox"/> Cruise <input type="checkbox"/> Holding <input type="checkbox"/> Landing <input type="checkbox"/> Aborted takeoff <input type="checkbox"/> Emergency/precautionary landing <input type="checkbox"/> Diversion <input type="checkbox"/> Significant loss of control/performance <input type="checkbox"/> Abnormal landing
Effect on flight	<input type="checkbox"/> Nil <input type="checkbox"/> Failure to get airborne <input type="checkbox"/> Go-around/missed approach <input type="checkbox"/> Turn-back <input type="checkbox"/> Avoiding action <input type="checkbox"/> Runway excursion		

If weather is a significant factor include in description of occurrence.

Description of Occurrence

Pilot-In-Command's name _____ Licence Number _____
Pilot flight hours in last 90 days _____ Flight hours on type _____ Total flight hours _____
Last checked _____ IFR **BFR** **Reg.** _____ by – name _____
Date checked _____ Check pilot's ID _____

Type of Occurrence

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/procs	<input type="checkbox"/> evacuation
	<input type="checkbox"/> passenger/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)	

Airspace incident	Airspace ID – eg 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="checkbox"/> TCAS Alert <input type="checkbox"/> RA <input type="checkbox"/> TA	intruder relative altitude in feet	relative position o'clock

Facility malfunction	Facility ID	Name	Facility Type
	<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)

Aerodrome occ.	<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)	

Dangerous goods	<input type="checkbox"/> spillage/leakage	<input type="checkbox"/> fumes/gas/smoke/fire	<input type="checkbox"/> mis/nondeclaration	<input type="checkbox"/> other (specify)
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Bird hazard	<input type="checkbox"/> strike <input type="checkbox"/> near strike	Species	<input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large	
	Number seen	<input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> 100+	Number hit <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> 100+	
	Cloud:	Precipitation Nil <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/>		
	Pilot pre-warned of strike possibility? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Contributing Factors? E.g. grass cutting, garbage accumulation etc..			

Aircraft defect/ Engineering Details	Major component/system affected								
	Part defective								
	Manufacturer				Model				
	Part number				Serial number				
	TTIS	Hours	Cycles	TSO	Hours	Cycles	TSI	Hours	Cycles
	Detection phase <input type="checkbox"/> unscheduled OR <input type="checkbox"/> scheduled maintenance			Manufacturer advised <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Compliance with <input type="checkbox"/> AD <input type="checkbox"/> SD Specify reference								
	Maintenance organisation				Client ID			Phone	
	Aircraft damage level			<input type="checkbox"/> destroyed	<input type="checkbox"/> substantial	<input type="checkbox"/> minor	<input type="checkbox"/> other (specify)		
	Aircraft disposal			<input type="checkbox"/> write-off	<input type="checkbox"/> repair	<input type="checkbox"/> unknown	<input type="checkbox"/> other (specify)		

Engineering Description of Incident

Submitter's Details

Name _____ Client ID _____ Phone _____ Date _____
 Attachments sketches* reports photographs others (specify) _____
 Submitters investigation Open OR Closed Submitters reference number _____
**If an accident, please supply a sketch of the site*
 We require more forms, please forward us forms

FILE NO.	SAI.	FINDING NO.	F
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Investigation Report

Complete white areas only where applicable

This section of the form is intended to be completed by the reporter or reporter's organisation at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report. For further assistance with this section refer to CAR 12 Advisory Circular.

Date of occurrence _____ Time _____ UTC Location _____
 Aircraft manufacturer and model _____ Aircraft registration P2- _____
 Finding attributed to: name _____ Client ID _____
 Aviation document _____ Rule ref _____ Manual reference _____
 Non-compliance Non-conformance Observation Safety related concern Critical Major Minor

Description

Cause

Cause 1

Person/Organisation	Category	Item
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Cause 2

Person/Organisation	Category	Item
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Client's Closing Action

1.

	Completion date
2.	
	Completion date

Estimated OR Actual cost of occurrence and corrective action PGK:

Reports Details

Name		Position	
Organisation		AOC/MOC No.	
Date		Phone Number	
		Reporters Ref No.	

CASA USE Only

ACC ASP BRD ARC DEF DGD NIO
 HGA INC NRO PAA SEC PIO ADI

Rule Notes:	Entered – Date	Initials