



ACCIDENT AND INCIDENT OCCURRENCE REPORT

ISSUED FOR USE
CA 005

Reference:

CAR Part 12

Instructions:

- Complete white areas only where applicable. If faxing this form, send to + (675) 325 1919
- Refer AC 12-1 Appendix B for instructions on how to fill the form CA 005

Date of Occurrence:		Time:	<input type="checkbox"/> UTC	Location:	
Aircraft Manufacturer and model:				Aircraft registration:	P2-
Operator:				Client ID:	
POB:		Number of Injuries:	Fatal <input type="checkbox"/>	Serious <input type="checkbox"/>	Minor <input type="checkbox"/>
			Crew:	Crew:	Crew:
			Pax:	Pax:	Pax:
Operational Details:					
Flight No./Call Sign:		Altitude:	AGL <input type="checkbox"/> AMSL <input type="checkbox"/> FL <input type="checkbox"/>	Runway Used:	
Departure Point:		Destination Point:		Nearest Reporting Point (NRP):	
Distance and bearing from NRP:		NM	VFR <input type="checkbox"/> IFR <input type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/>		
Nature of Flight:	<input type="checkbox"/> Scheduled <input type="checkbox"/> Non-scheduled		<input type="checkbox"/> Domestic <input type="checkbox"/> International		<input type="checkbox"/> ETOPS
	<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"/> Other aerial work		<input type="checkbox"/> Business executive
	<input type="checkbox"/> Training dual		<input type="checkbox"/> Training solo		<input type="checkbox"/> Test of ferry/positioning
	<input type="checkbox"/> Private other		<input type="checkbox"/> Parachuting		<input type="checkbox"/> Air ambulance
Flight Phase:	<input type="checkbox"/> Parked		<input type="checkbox"/> Taxing		<input type="checkbox"/> Take off
	<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
Effect on Flight:	<input type="checkbox"/> Nil		<input type="checkbox"/> Flight delayed/cancelled		<input type="checkbox"/> Aborted take-off
If weather is a significant factor include in description of occurrence	<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"/> Turn back		<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)		
Description of Occurrence:					
Pilot in Command Name:				Licence Number:	
Pilot flight hours in the last 90 days:		Flight Hours on Type:		Total Flight Hours:	
Last Checked:		<input type="checkbox"/> IFR <input type="checkbox"/> BFR	Reg:		By Name:
Date Checked:		Check Pilot's ID:			



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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/fume			<input type="checkbox"/> Fuel/fluid occurrence			<input type="checkbox"/> Flight crew illness/incapacitation		
		<input type="checkbox"/> Injuries to persons			<input type="checkbox"/> Failure of emergency equip/pros			<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		Airspace ID								
		<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 efficiency		
		<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		<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"/> Fume/gas/smoke/fire		<input type="checkbox"/> Mis/Non-declaration		<input type="checkbox"/> Other (specify):	
Bird Hazzard		<input type="checkbox"/> Strike <input type="checkbox"/> Near strike			Species:			Size: <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: <input type="checkbox"/> Nil <input type="checkbox"/> Light <input type="checkbox"/> Heavy					
		Pilot pre-warn of strike possibility? Yes <input type="checkbox"/> No <input type="checkbox"/>								
		Contributing factors? e.g. grass cutting								
Aircraft defect/ Engineering details										
Major Component systems affected:										
Part defective:										
Manufacturer:		Model:		Part Number:						
Part Number:		Serial Number:		Serial Number:						
TTIS:	Hours:	Cycles:	TSO:	Cycles:	TSL:	Hours:	Cycles:			
Detection phase <input type="checkbox"/> Unscheduled <input type="checkbox"/> OR Scheduled Maintenance <input type="checkbox"/> 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 <input type="checkbox"/> Sketches <input type="checkbox"/> Reports <input type="checkbox"/> Photographs <input type="checkbox"/> Other (specify):										
Submitter's Investigation: <input type="checkbox"/> Open OR <input type="checkbox"/> Closed										
<i>*If an accident, please supply a sketch of the site</i>										
We require more forms, please forward to us <input type="checkbox"/> Forms										
File No:			SAI:			Finding No:				
Investigation Report										
Complete white areas only where applicable										



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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:	<input type="checkbox"/> UTC	Location:	
Aircraft manufacturer and model:			Aircraft Registration P2 -		
Finding attribute to:			Client ID:		
Aviation Document:		Rule Reference:		Manual Reference:	
<input type="checkbox"/> Non-compliance <input type="checkbox"/> Non-conformance <input type="checkbox"/> Observation <input type="checkbox"/> Safety related concern <input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor					

Description

Cause
Cause 1

Person/Organisation:	Category:	Item:
Cause 2		

Person/Organisation:	Category:	Item:

Client's Closing Action
1.
2.
3.

Estimated OR Actual cost of occurrence and corrective action PGK:

Reporter's Details			
Name:		Position:	
Organisation:		AOC/MOC No.	
Date:	Phone number:	Reporter's Reference No.	

CASA USE ONLY

<input type="checkbox"/> ACC	<input type="checkbox"/> ASP	<input type="checkbox"/> BRD	<input type="checkbox"/> ARC	<input type="checkbox"/> DEF	<input type="checkbox"/> DGD	<input type="checkbox"/> NIO
<input type="checkbox"/> HGA	<input type="checkbox"/> INC	<input type="checkbox"/> NRO	<input type="checkbox"/> PAA	<input type="checkbox"/> SEC	<input type="checkbox"/> PIO	<input type="checkbox"/> ADI

Initials	CAR(s) Refs:	Entered - Date	Insp.
	CASA Notes:		

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