

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 / process	<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) <input type="text"/>	

Airspace incident

Airspace ID – eg. TMA

<input type="checkbox"/> near collision	<input type="checkbox"/> loss of separation	<input type="checkbox"/> unauthorized 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"/>
<input type="checkbox"/> TCAS Alert <input type="checkbox"/> RA <input type="checkbox"/> TA	Intruder relative altitude in feet <input type="text"/>	Relative position <input type="text"/> 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) <input type="text"/>

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) <input type="text"/>	

Dangerous goods

<input type="checkbox"/> spillage / leakage	<input type="checkbox"/> fumes / gas / smoke / fire	<input type="checkbox"/> mis / nondeclaration	<input type="checkbox"/> other (specify) <input type="text"/>
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Bird hazard

<input type="checkbox"/> strike	<input type="checkbox"/> near strike	Species <input type="text"/>	<input type="checkbox"/> small	<input type="checkbox"/> medium	<input type="checkbox"/>
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+

Aircraft Defect / Engineering Details

Major component / system affected

ATA code Part defective

Manufacturer Model

Part number Serial number

TSN Hours Cycles TSO Hours Cycles

Detection phase unscheduled OR scheduled maintenance

Compliance with AD SB

Maintenance organization Client ID Ph

Aircraft damage level destroyed substantial minor other (specify)

Aircraft disposal write-off repair unknown other (specify)

Manufacturer advised Yes No

Specify reference

Engineering Description of Incident

Submitter's Details

Name Client ID Ph 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, forms

CARC Use OnlyOrganization

JCAR	Entered – Date		Initials	
AAIU advised	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Time
AAIU investigating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	AAIU reference	
Name of analyst	Name of investigator		Close on entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes				

Occurrence & Investigation Reports

The objective of reporting occurrences is to provide information for the CARC to improve flight safety.

This is achieved by analysis of safety related trends so that preventative actions may be taken.

Your cooperation in notifying, reporting and investigating safety related occurrences is requested so that together we can achieve a safer aviation environment.