



## Incident report form

### Your contact details

Full name:

Contact number:

Email address:

### Incident information

Date & time:

Venue:

Description:

Outcome:

### Additional information

SAFA Number of Pilot Involved:

Occurrence (incident / accident) Definitions on Website:

Location of occurrence:

Occurrence happened during (tick all that apply):

☐ Recreational Flying

☐ Competition

☐ Under Instruction

**Occurrence happened during (tick all that apply):**

☐ Taking Off

☐ Landing

☐ In Flight

☐ Winch Tow

☐ Car Tow

☐ ATOL Tow

☐ Aerotow

☐ Mishap

☐ Near Miss

☐ Other - Please Specify

**Other - Please specify:**

**Pilot qualification level (tick all that apply):**

☐ PG1

☐ HG1

☐ PG2

☐ HG2

☐ PG3

☐ HG3

☐ PG4

☐ HG4

☐ PG5

☐ HG5

☐ PPG

☐ Mini Wing

☐ Tandem Wing

☐ Other

**Instructor Name and School (if during training):**

**Wing/Motor/Equipment:**

Was a parachute fitted (tick all that apply):

☐ Yes

☐ No

☐ Unknown

Was a parachute deployed (tick all that apply):

☐ Yes

☐ No

☐ Not Applicable

Total number of hours:

Weather Conditions:

Did an Injury occur (If yes, please complete Injury report):

Were emergency services contacted or did they attend:

Description of Injury/Medical treatment/Hospital Involved:

Did a fatality Occur (If yes, please specify):

Immediate actions taken:

Safety Committee Outcome::

Was and AIRS report Submitted.:

Reason for NOT submitting an AIRS report.:

## People involved

Full name:

Contact number:

Email address:

Role (please circle):      Complainant                      Official                      Person involved                      Witness

Full name:

Contact number:

Email address:

Role (please circle):      Complainant                  Official                  Person involved                  Witness

Full name:

Contact number:

Email address:

Role (please circle):      Complainant                  Official                  Person involved                  Witness

Full name:

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