



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:

Contact number:

Email address:

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