

C. OWNER/OPERATOR INFORMATION

1. Registered Aircraft Owner (a) Name: _____ (b) Multiple Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Owner Address (a) City: _____ (b) State: _____ (c) P-Code: _____ (d) Country: _____	
3. Operator of Aircraft <input type="checkbox"/> Same As Registered Owner (a) Name: _____ (b) Doing Business As: _____ (c) CAAV Assigned Designator (4 Character Code): _____	4. Operator Address <input type="checkbox"/> Same As Registered Owner (a) City: _____ (b) State: _____ (c) P-Code: _____ (d) Country: _____	
5. Regulation Flight Conducted Under <input type="checkbox"/> Part 10 <input type="checkbox"/> Special Flight Permit <input type="checkbox"/> State Use (select type) <input type="checkbox"/> Part 11 <input type="checkbox"/> Foreign Operator - Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Part 12 <input type="checkbox"/> Foreign Operator - Non-Ccommercial <input type="checkbox"/> Unknown <input type="checkbox"/> Part 20 <input type="checkbox"/> Military	6. Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Purpose of Flight (select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other General Aviation <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Other Aerial Work <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Flight Test <input type="checkbox"/> State Use <input type="checkbox"/> Unknown	9. Revenue Operation for VAR Part 12 (select one) <input type="checkbox"/> Scheduled <input type="checkbox"/> Non-Scheduled <input type="checkbox"/> Commuter <input type="checkbox"/> Air Taxi 10. Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International 11. Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	7. Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Type of Operations Specifications Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> International Operations <input type="checkbox"/> Charter Operations <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Operator <input type="checkbox"/> Commuter Airline <input type="checkbox"/> Basic or Single PIC Air Taxi <input type="checkbox"/> Large Helicopter <input type="checkbox"/> Rotorcraft External Load --or-- <input type="checkbox"/> Agricultural Aircraft <input type="checkbox"/> Other Operator of Large Aircraft		

D. OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section of other aircraft)

1. Aircraft Registration # _____	2. Manufacturer: _____ 3. Model: _____	4. Damage to this Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
5. Registered Owner of Other Aircraft (a) First Name: _____ (d) City: _____ (b) Middle Initial: _____ (e) State: _____ (f) P-Code: _____ (c) Last Name: _____ (g) Country: _____		
6. Pilot of Other Aircraft (a) First Name: _____ (d) City: _____ (b) Middle Initial: _____ (e) State: _____ (f) P-Code: _____ (c) Last Name: _____ (g) Country: _____		

E. MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

1. Was there Mechanical Malfunction/Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Malfunction Report Filed? (If yes, list the name of the part, manufacturer, part number, serial number and describe the failure.)	2. Total Time/Cycles on Part _____ Hours _____ Cycles
3. Time Since This Part Inspected/Overhauled _____ Hours	

F. DAMAGE TO AIRCRAFT AND OTHER PROPERTY

1. Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	2. Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	3. Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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4. Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

G. AERODROME & HELIPORT INFORMATION

(If the accident/incident occurred on approach, takeoff or within 3 miles of aerodrome, complete this section)

1. Aerodrome Identifier: _____ **4. Distance From Aerodrome Center:** _____ K
2. Aerodrome Name: _____ **5. Direction From Aerodrome:** _____ degrees MAG
3. Proximity to Aerodrome Off Aerodrome On Aerodrome **6. Aerodrome Elevation:** _____ ft. MSL

7. Approach Segment (Select One)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

8. IFR Approach (Check all that apply)

None PAR MLS Practice
 ADF/NDB Sidestep LDA GPS
 SDF ILS ASR Loran
 VOR/TVOR Localizer Only Visual Unknown
 VOR/DME LOC-back course Contact
 TACAN RNAV Circling

9. VFR Approach (Check all that apply)

None Stop and Go
 Traffic Pattern Touch and Go
 Straight-In Simulated Forced Landing
 Valley/Terrain Following Forced Landing
 Go Around Precautionary Landing
 Full Stop Unknown

10. Runway Information

(a) Runway ID: _____ (L/R/C) (b) Length: _____ m. (c) Width: _____ m.

11. Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

12. Condition of Runway/Landing Surface (Check all that apply)

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

H. FLIGHT ITINERARY INFORMATION

1. Last Departure Point

(a) Aerodrome ID: _____
(b) City: _____
(c) State: _____
(e) Country: _____

2. Time of Departure

(a) Time: _____
(b) Time Zone: _____

3. Destination

(a) Aerodrome ID: _____
(b) City: _____
(c) State: _____
(d) Country: _____

5. Type Flight Plan Filed

None VFR/IFR
 VFR IFR
 Unknown

6. Activated? Yes No

7. Type of ATC Clearance/Service (Check all that apply)

None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown/NA

8. Airspace where the accident/incident occurred (Check all that apply)

Class A Class D Demo Area Restricted Area Jet Training Area Unknown
 Class B Class E Warning Area Military Operations Area (MOA) Special
 Class C Class G Prohibited Area Aerodrome Advisory Area Air Traffic Control Area

9. Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

I. FUEL & SERVICES INFORMATION

1. Fuel on Board at Last Takeoff

(convert from pounds, as necessary)
_____ Gallons

2. Fuel Type

80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

3. Other Services, If Any, Prior to Departure

J. EVACUATION OF AIRCRAFT**1. Was an emergency evacuation of the aircraft performed?** Yes No**2. Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**K. WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****1. Weather Observation Facility**(a) Facility ID: _____
(b) Observation Time: _____
(c) Time Zone: _____
(d) Distance from Accident Site: _____ k
(e) Direction from Accident Site: _____ degrees MAG**2. Source of Weather Information***(Check all that apply)* National Weather Service
 Air Traffic Service
 TV/Radio
 Automated Report
 Commercial Weather Service
 Company
 Military
 Internet
 Unknown**3. Method of Briefing***(Check all that apply)* In Person
 Teletype
 Telephone/Computer
 Aircraft Radio
 TV/Radio
 Unknown**4. Briefing Type/Completeness** Full
 Partial / Limited by Pilot
 Partial / Limited by Briefer
 Abbreviated
 Unknown
 Not Pertinent**5. Light Condition** Dawn
 Day
 Dusk
 Night
 Dark Night
 Bright Night
 Not Reported**6. Visibility**

_____ km (nm)

7. Sky/Lowest Cloud Condition Clear
 Few
 Partial Obscuration
 Scattered
 Thin Broken
 Thin Overcast
 Unknown**8. Ceiling** None (clear)
 Broken
 Overcast
 Obscured
 Indefinite
 Unknown**9. Restriction to Visibility** *(Check all that apply)* None
 Blowing Dust
 Blowing Sand
 Blowing Snow
 Blowing Spray
 Dust
 Fog
 Ground Fog
 Haze
 Ice Fog
 Smoke
 Unknown**10. Lowest Cloud Condition Height**

_____ ft. AGL

11. Ceiling Height

_____ ft. AGL

12. Wind Direction(a) Indicated:
(b) _____ degrees MAG
(c) Variable**13. Wind Speed**Velocity: _____ km (kts)
-or-
 Calm
 Light and Variable**14. Wind Speed**Velocity: _____ km (kts)
 Gusting
 Non Gusting**15. Type of Turbulence** *(Check all that apply)* None
 Clear Air
 In Clouds
 Vicinity of Thunderstorms**16. Severity of Turbulence** Extreme
 Severe
 Moderate
 Moderate Chop
 Light**17. NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident****18. Temperature:** _____ (C)
or _____ (F)**19. Altimeter Setting:** _____ in. HG
or _____ MB**20. Density Altitude:** _____ ft**21. Dew Point:** _____ (C)
or _____ (F)**22. Icing Forecast****(a) Amount**
 None
 Trace
 Light
 Moderate
 Severe
(b) Type
 Rime
 Clear
 Mixed**23. Type of Precipitation** *(Check all that apply)* None
 Rain
 Snow
 Hail
 Rain Showers
 Freezing Rain
 Snow Shower
 Drizzle
 Ice Pellets
 Snow Pellets
 Snow Grains
 Ice Crystals
 Ice Pellets Shower
 Freezing Drizzle**23. Icing Actual****(a) Amount**
 None
 Trace
 Light
 Moderate
 Severe
(b) Type
 Rime
 Clear
 Mixed**24. Intensity of Precipitation** Light Moderate Heavy

P. NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

- (a) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident.
- (b) Describe terrain and include Wreckage distribution sketch if pertinent. Attach extra sheets if needed.
- (c) State time and point of departure, intended destination, and services obtained.

Q. RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

R. ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

S. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO MY KNOWLEDGE

1. Date of this Report

_____ *dd/mm/yyyy*

2. Signature and Name of Pilot/Operator

(a) Signature: _____

(b) Type or Print Name: _____

3. Signature and Name of Person Filing Report if Other than Pilot/Operator

(a) Signature: _____

(b) Type or Print Name: _____

(c) Title: _____

FOR CAAV USE ONLY

CAAV Accident/Incident No.

Reviewed by CAAV Investigator

Name of Investigator

Date Report Received