



INCIDENT / ACCIDENT REPORT FORM

Details of Incident / Accident

Date:	Time:
Location:	Date/Time Reported:
Weather conditions:	
Aircraft Type:	Aircraft Registration:

Person Involved

Name:	AFC Member: Yes / No		(Circle One)	
Address:				
DOB:	Contact Number:	Email:		
CAA(NZ) License Number:		CAA(NZ) License Held:		
TYPE OF INCIDENT: (Circle applicable answers)				
Airborne	Airspace	Ground Ops	Property/Equipment Damage	Personal Injury
Treatment Required:	Nil	First-Aid	Doctor	Hospital

Description of Incident / Accident



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Safety Officer's Report

CFI'S Report

Recommendations

CAA005/CAA005D Required: Yes / No

CAA005/CAA005D Filed by:

Incident Report File Number:

Scan completed form to safety@airlineflyingclub.org.nz or deposit in safety tray asap.

- Presented to Committee: Yes / No

Airline Flying Club

Version 5

Approved: Rob Utting (Chief Flying Instructor)

13/08/19