

Occurrence Report - Adventure Aviation Skydiving Operations



**CIVIL AVIATION AUTHORITY
OF NEW ZEALAND**
Te Mana Rererangi Tūmatanui o Aotearoa

The purpose of submitting occurrence information and information derived from safety investigations is to improve aviation safety. The data from these reports are critical to determining areas of risk, monitoring trends over time and - most importantly - learning how to reduce the risk of accidents occurring. This form has been designed specifically for **skydiving operations** in the adventure aviation sector. Its purpose is to collect the information important to safety in this sector, and to assist operators in determining the causal factors behind occurrences so that lessons can be learned.

| | | | |
|----------------------|----------------|------------------|----------------|
| Occurrence Date | Time | Location | Reg no. |
| Equipment make/model | | Operator Name | Client ID |
| POB | Fatal Injuries | Serious Injuries | Minor Injuries |

Operational Details

| | | | | |
|-------------------------|--------|------|----------|--------|
| Nature of Flight | Tandem | Solo | Training | Camera |
|-------------------------|--------|------|----------|--------|

| | | | | |
|---------------------|------|------------|---------|---------|
| Flight Phase | Exit | Deployment | Descent | Landing |
|---------------------|------|------------|---------|---------|

| | | | | | |
|----------------------|---------------|-------------------|-----------------------------|--------------------------|--------------|
| Incident Type | Tension knots | Line twists | Line over | Other canopy malfunction | Hard landing |
| | Low turn | Equipment failure | | Out landing | Collision |
| | Stall | Other | Camera footage of incident? | Yes | No |

| | | | |
|-----------------------|------------------|--------------|---|
| Equipment Info | Main | No. of jumps | Pilot total no. of jumps/flights |
| | Lines | No. of jumps | Pilot no. of jumps/flights last 90 days |
| | Rig No. of jumps | | |

Description of the Occurrence - please provide an account of what took place

Causal Factors and Resulting Action Taken

Submitter name Contact number

THANK YOU. [CLICK HERE TO SUBMIT THE FORM BY EMAIL](#)