

# Occurrence Report



CIVIL AVIATION AUTHORITY  
OF NEW ZEALAND  
Te Mana Rerangi Tūmatanui o Aotearoa

For Occurrence Notification please complete the applicable white areas on this page.

Then post or fax to CAA as soon as possible. If faxing this form send to +64 4 560 9469

To report an accident or serious incident phone: 0508 ACCIDENT (0508 222 433) Monitored 24 hours a day, seven days a week.

To report other safety or security concerns phone: 0508 4SAFETY (0508 472 338) Available office hours (voice mail after hours).

Remember - you can also get this form from the CAA Website and email to CA005@caa.govt.nz

Date of occurrence	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> NZST <input type="checkbox"/> NZDT <input type="checkbox"/> UTC	Location	<input type="text"/>
Aircraft manufacturer and model	<input type="text"/>				Aircraft registration	<b>ZK-</b> <input type="text"/>
Operator	<input type="text"/>				Client ID	<input type="text"/>
POB	<input type="text"/>	Number of injuries - Fatal	<input type="text"/>	<input type="text"/>	Serious	<input type="text"/>
		Crew	Pax	Crew	Pax	Minor
						Crew Pax

## Operational Details

Flight No./Call sign	<input type="text"/>	Altitude	<input type="text"/>	<input type="checkbox"/> AGL <input type="checkbox"/> ASL <input type="checkbox"/> FTL	Runway used	<input type="text"/>
Departure point	<input type="text"/>	Destination point	<input type="text"/>	Nearest reporting point (NRP) <input type="text"/>		
Distance and bearing from NRP	<input type="text"/>	NM	<input type="text"/>	°	<input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VMC <input type="checkbox"/> IMC	
<input type="checkbox"/> Scheduled <input type="checkbox"/> OR non-scheduled	<input type="checkbox"/> Domestic <input type="checkbox"/> OR International		ETOPS <input type="checkbox"/>			

### Nature of flight

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> passenger A to A | <input type="checkbox"/> passenger A to B  | <input type="checkbox"/> freight only              |
| <input type="checkbox"/> agricultural     | <input type="checkbox"/> other aerial work | <input type="checkbox"/> business/executive        |
| <input type="checkbox"/> training dual    | <input type="checkbox"/> training solo     | <input type="checkbox"/> test or ferry/positioning |
| <input type="checkbox"/> private other    | <input type="checkbox"/> parachuting       | <input type="checkbox"/> air ambulance             |
| <input type="checkbox"/> other (specify)  | <input type="text"/>                       |  |

### Flight phase

- |                                  |                                     |                                  |
|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> parked  | <input type="checkbox"/> taxiing    | <input type="checkbox"/> takeoff |
| <input type="checkbox"/> climb   | <input type="checkbox"/> hover      | <input type="checkbox"/> cruise  |
| <input type="checkbox"/> circuit | <input type="checkbox"/> aerobatics | <input type="checkbox"/> holding |
| <input type="checkbox"/> descent | <input type="checkbox"/> approach   | <input type="checkbox"/> landing |

### Effect on flight

If weather is a significant factor include in description of occurrence.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Nil                       | <input type="checkbox"/> flight delayed/cancelled        | <input type="checkbox"/> aborted takeoff                         |
| <input type="checkbox"/> failure to get airborne   | <input type="checkbox"/> emergency/precautionary descent | <input type="checkbox"/> emergency/precautionary landing         |
| <input type="checkbox"/> go-around/missed approach | <input type="checkbox"/> abnormal approach               | <input type="checkbox"/> diversion                               |
| <input type="checkbox"/> turnback                  | <input type="checkbox"/> engine(s) shutdown              | <input type="checkbox"/> significant loss of control/performance |
| <input type="checkbox"/> avoiding action           | <input type="checkbox"/> overweight landing              | <input type="checkbox"/> abnormal landing                        |
| <input type="checkbox"/> runway excursion          | <input type="checkbox"/> other (specify)                 | <input type="text"/>   |

## Description of Occurrence

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Continue on a separate sheet if necessary.

Pilot in command's name	<input type="text"/>	Licence number	<input type="text"/>
Pilot flight hours in last 90 days	<input type="text"/>	Flight hours on type	<input type="text"/>
		Total flight hours	<input type="text"/>
Last checked	<input type="checkbox"/> IFR <input type="checkbox"/> BFR <input type="checkbox"/> OCA (Competency Assessment)	by - name	<input type="text"/>
Date checked	<input type="text"/>	Check pilot's ID	<input type="text"/>

Continue over page...

## Type of Occurrence

<b>Accident/incident</b>	<input type="checkbox"/> collision/strike object	<input type="checkbox"/> component/system failure malfunction	<input type="checkbox"/> loss of control
	<input type="checkbox"/> engine power loss	<input type="checkbox"/> damage to aircraft	<input type="checkbox"/> airframe failure
	<input type="checkbox"/> fire/explosion/fumes	<input type="checkbox"/> fuel/fluids occurrence	<input type="checkbox"/> flight crew illness/incapacitation
	<input type="checkbox"/> injuries to persons	<input type="checkbox"/> failure of emergency equip/procs	<input type="checkbox"/> evacuation
	<input type="checkbox"/> passenger/cargo related occurrence	<input type="checkbox"/> valid warning/alert system	<input type="checkbox"/> invalid warning/alert system
	<input type="checkbox"/> emergency declaration	<input type="checkbox"/> other (specify) _____	
<b>Airspace incident</b>	Airspace ID - eg AA/TMA/C _____		
	<input type="checkbox"/> near collision	<input type="checkbox"/> loss of separation	<input type="checkbox"/> unauthorised altitude penetration
	<input type="checkbox"/> unauthorised airspace incursion	<input type="checkbox"/> breach of other clearance	<input type="checkbox"/> pilot flight planning deficiency
	<input type="checkbox"/> clearance/instruction deficiency	<input type="checkbox"/> flight information deficiency	<input type="checkbox"/> other (specify) _____
	<input type="checkbox"/> TCAS Alert <input type="checkbox"/> RA <input type="checkbox"/> TA	intruder relative altitude in feet _____	relative position _____ o'clock
<b>Facility malfunction</b>	Facility ID _____	Name _____	Facility type _____
	<input type="checkbox"/> failure/non availability	<input type="checkbox"/> coverage/intensity deficiency	<input type="checkbox"/> alignment/course deficiency
	<input type="checkbox"/> excessive bends/roughness	<input type="checkbox"/> false overhead/distance indication	<input type="checkbox"/> identification deficiency
	<input type="checkbox"/> readability deficiency	<input type="checkbox"/> interference	<input type="checkbox"/> other (specify) _____
<b>Aerodrome occ.</b>	<input type="checkbox"/> physical surface deficiency	<input type="checkbox"/> surface marking deficiency	<input type="checkbox"/> wildlife incursion
	<input type="checkbox"/> physical obstruction	<input type="checkbox"/> equipment/installation deficiency	<input type="checkbox"/> apron management deficiency
	<input type="checkbox"/> public protection deficiency	<input type="checkbox"/> other (specify) _____	
<b>Dangerous goods</b>	<input type="checkbox"/> spillage/leakage <input type="checkbox"/> fumes/gas/smoke/fire <input type="checkbox"/> mis/nondeclaration <input type="checkbox"/> other (specify) _____		
<b>Bird hazard</b>	<input type="checkbox"/> strike <input type="checkbox"/> near strike Species _____	<input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large	
	Number seen <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> 100+ Number hit <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> 100+		
<b>Aircraft defect/ Engineering details</b>	Major component/system affected _____		
	ATA code _____	Part defective _____	
	Manufacturer _____	Model _____	
	Part number _____	Serial number _____	
	TTIS _____	Hours _____	Cycles _____
	TSO _____	Hours _____	Cycles _____
	TSI _____	Hours _____	Cycles _____
	Detection phase <input type="checkbox"/> unscheduled <b>OR</b> <input type="checkbox"/> scheduled maintenance Manufacturer advised <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Compliance with <input type="checkbox"/> AD <input type="checkbox"/> SB Specify reference _____		
	Maintenance organisation _____	Client ID _____	Ph _____
	Aircraft damage level <input type="checkbox"/> destroyed <input type="checkbox"/> substantial <input type="checkbox"/> minor <input type="checkbox"/> other (specify) _____		
	Aircraft disposal <input type="checkbox"/> write-off <input type="checkbox"/> repair <input type="checkbox"/> unknown <input type="checkbox"/> other (specify) _____		

## Engineering Description of Incident


## Submitter's Details

Continue on a separate sheet if necessary.

Name _____	Client ID _____	Tel: _____	Date _____
Attachments <input type="checkbox"/> sketches* <input type="checkbox"/> reports <input type="checkbox"/> photographs <input type="checkbox"/> others (specify) _____			
Submitter's investigation <input type="checkbox"/> open <b>OR</b> <input type="checkbox"/> closed		Submitter's reference number _____	
*If an accident, please supply a sketch of the site			
We require more forms, please forward us _____ forms			



☐ CR ☐ MA ☐ MI**CAA Use Only**

<input type="checkbox"/> ACC	<input type="checkbox"/> ASP	<input type="checkbox"/> BRD	<input type="checkbox"/> ARC	<input type="checkbox"/> DEF	<input type="checkbox"/> DGD	<input type="checkbox"/> NIO
<input type="checkbox"/> HGA	<input type="checkbox"/> INC	<input type="checkbox"/> NRO	<input type="checkbox"/> PAA	<input type="checkbox"/> SEC	<input type="checkbox"/> PIO	<input type="checkbox"/> ADI

Rule	Entered - Date	Initials
------	----------------	----------

TAIC advised	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time
--------------	--	------	------

TAIC investigating	<input type="checkbox"/> Yes <input type="checkbox"/> No	TAIC reference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--------------------	--	----------------	---

Name of analyst	Name of investigator	Close on entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	----------------------	----------------	--

Notes
-------

--

--

--

## Occurrence & Investigation Reports



The Civil Aviation Authority maintains a computer database which records all aviation-related occurrences.

The objective of reporting occurrences is to provide information for the CAA to improve flight safety. This is achieved by analysis of safety-related trends so that preventative actions may be taken.

Your cooperation in notifying, reporting and investigating safety-related occurrences is requested so that together we can achieve a safer aviation environment.

FREEPOST NO. I46123



Safety Analysis  
Civil Aviation Authority  
PO Box 3555  
Wellington 6140