

Bird Incident Notification



The completed form should be faxed to: 0-4-560 9469
or emailed to: ca005@caa.govt.nz

Complete boxed areas only

Operational Details

Date of incident

Time of incident NZST or NZDT or UTC

Aircraft registration ZK- Flight No./Call sign

Operator Operator ID

Location of incident

Nearest airport at time of incident Distance from NM Bearing from °

Height AGL at time of incident Runway used

Flight phase at time of incident select one:	<input type="checkbox"/> Takeoff	<input type="checkbox"/> Circuit
	<input type="checkbox"/> Climb	<input type="checkbox"/> Landing
	<input type="checkbox"/> Cruise	<input type="checkbox"/> Agricultural Manoeuvres
	<input type="checkbox"/> Approach	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other (specify): <input type="text"/>	

Bird Incident Details

Bird Hazard Strike or Near strike

Bird Species

Bird Size Small or Medium or Large

Number Seen 1 or 2-10 or 11-100 or 100+

Number Hit 1 or 2-10 or 11-100 or 100+

Aircraft part(s) for Strikes only:		Struck	Damaged	Struck	Damaged	
Nil		<input type="checkbox"/>	<input type="checkbox"/>	Fuselage	<input type="checkbox"/>	<input type="checkbox"/>
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>
Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail	<input type="checkbox"/>	<input type="checkbox"/>
Propeller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/> (specify): <input type="text"/>
Rotor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Effect(s) on flight	<input type="checkbox"/> Nil	<input type="checkbox"/> Avoiding action
	<input type="checkbox"/> Aborted takeoff	<input type="checkbox"/> Go-around/missed approach
	<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Abnormal landing
	<input type="checkbox"/> Other (specify): <input type="text"/>	

Description of Incident

Submitter's Details

Name Client ID

Organisation Date

Telephone Fax Email