

Emergency Flight Notification and Report



Required under Civil Aviation Act 1990, Section 13A

The pilot-in-command, or the operator of an aircraft, must complete this form to report a breach of the Civil Aviation Act 1990, or a Civil Aviation Rule, permitted by section 13A of the Civil Aviation Act 1990.

The operator must notify the CAA as soon as practicable.

Email this form to isi@caa.govt.nz or post to Occurrence Report, CAA, PO Box 3555, Wellington 6140, or fax: 04 560 9469.

Operational Details

Date of event		Time		NZST		NZDT		UTC	
Departure point				Intended destination point					
Actual destination (if differs from intended)									
Operator						Client ID (if known)			
POB						Aircraft registration	ZK-		
Tasking agency (if applicable)						Flight No. / Call sign			

Nature of Emergency

This was an emergency that arose in flight OR

This was an emergency that necessitated the urgent transportation of persons or medical or other supplies for the protection of life or property

Description of Flight and Event

State the Act provision(s) and/or Civil Aviation Rule(s) breached

Describe the circumstances of the breach – what happened?

Justification of the Breach

Detail of extent of the breach necessary to deal with the emergency including but not limited to:

- the duration of the necessary action, eg, time flown below minima;
- the location/flight path involved
- any other risk assessment processes or details to support your decision.

Include details of any other relevant factors: weather; availability of alternative means of transport; availability of alternative landing area(s); etc

If the flight was an emergency medical service or air ambulance service operation, provide details of specific direction from a paramedic or attending medical professional (on-site or retrieval team member) regarding the severity of the patient(s) condition and urgency of transport to hospital. Please name the medical professional or crew. DO NOT name the patient(s). Attach separate pages if necessary.

Declaration of Pilot in Command

I declare that to the best of my knowledge and belief the statements made and information supplied in this report are complete and accurate.

Name		Licence number	
Signature		Date	

Notification to other Agencies

Have other agencies been advised of this event?

Air traffic control service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
National Ambulance Sector Office (NASO)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
District Health Board (DHB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
If yes, specify which DHB(s) notified				
Other (specify)				Date

Submitter's Details

Name		Client ID (if known)		Date	
Telephone		Email			
Submitter's involvement in the flight	<input type="checkbox"/> PIC	<input type="checkbox"/> Other (specify):			
Attachments:	Sketches <input type="checkbox"/>	Reports <input type="checkbox"/>	Photographs <input type="checkbox"/>	Other (specify):	
Submitter's investigation	Open <input type="checkbox"/> OR Closed <input type="checkbox"/>			Submitter's reference number	