

Part 1 - Complete pages 1 and 2 of this report and email to aircraft@gov.im within **96 hours** of the occurrence coming to the knowledge of the person making the report. Guidance, if required, can be found in [Registry Publication 5](#).

Part 2 - Complete page 3 and 4 (Investigation and Closing Actions) and email to aircraft@gov.im, within **30 days** of the date of notification of the occurrence by the reporter.

Report Type	
Initial Report (Part 1): <input type="checkbox"/>	Investigation and Closing Actions (Part 2): <input type="checkbox"/>

PART 1

Brief Overview			
Occurrence title: <input style="width: 90%;" type="text"/>			
Occurred when the aircraft was under the authority of:	PIC <input type="checkbox"/>	Maintenance/Airworthiness Personnel <input type="checkbox"/>	Other <input type="checkbox"/>

Aircraft Details and Occurrence Date							
Registration: M - <input style="width: 100px;" type="text"/>	Aircraft Manufacturer and Type Designation: <input style="width: 400px;" type="text"/>						
Date: (UTC) <input style="width: 100px;" type="text"/>	Time: (UTC) <input style="width: 100px;" type="text"/>	* Day <input type="checkbox"/>	*Night <input type="checkbox"/>	* tick as appropriate	Serial No: <input style="width: 100px;" type="text"/>		
Injury level:	<input type="checkbox"/> None	<input type="checkbox"/> Minor	Highest Damage:		<input type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Destroyed
	<input type="checkbox"/> Serious	<input type="checkbox"/> Fatal			<input type="checkbox"/> Substantial	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Unknown						

Occurrence Category			
Airborne Conflict (e.g. Airprox/TCAS/Loss of Separation): <input type="checkbox"/>	Document Control: <input type="checkbox"/>	Security Breach: <input type="checkbox"/>	
Airspace Infringement: <input type="checkbox"/>	Fire/Smoke: <input type="checkbox"/>	System/Component Failure or Malfunction: <input type="checkbox"/>	
Airworthiness Error: <input type="checkbox"/>	Ground Handling Events: <input type="checkbox"/>	Terrain Conflict (e.g. GPWS/TAWS): <input type="checkbox"/>	
AMP Frequency Exceedance: <input type="checkbox"/>	Potential/Actual Loss of Control (during flight): <input type="checkbox"/>	Wake Turbulence: <input type="checkbox"/>	
Bird Strike: <input type="checkbox"/>	Potential/Actual Runway Incursion: <input type="checkbox"/>	Weather Events: <input type="checkbox"/>	
Dangerous Goods Accident/Incident: <input type="checkbox"/>	Potential/Actual Runway Excursion (incl. aircraft performance calculation): <input type="checkbox"/>	Other: <input style="width: 200px;" type="text"/>	

Flight Details											
Phase:	Standing: <input type="checkbox"/>	Taxi: <input type="checkbox"/>	Take-off: <input type="checkbox"/>	Initial Climb: <input type="checkbox"/>	En-route: <input type="checkbox"/>						
	Approach: <input type="checkbox"/>	Landing: <input type="checkbox"/>	Tow: <input type="checkbox"/>	Unknown: <input type="checkbox"/>	Other: <input style="width: 100px;" type="text"/>						
			Airspace class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> other								
State/Oceanic area of Occurrence: <input style="width: 150px;" type="text"/>				Location and Position of Occurrence: <input style="width: 200px;" type="text"/>							
Route from: (ICAO code) <input style="width: 100px;" type="text"/>		Route to: (ICAO code) <input style="width: 100px;" type="text"/>		IAS: <input style="width: 50px;" type="text"/>		Flight Level/Altitude (in feet): <input style="width: 100px;" type="text"/>					
Flight rules:	IFR <input type="checkbox"/>	VFR <input type="checkbox"/>	Controlled VFR <input type="checkbox"/>	Special VFR <input type="checkbox"/>	VFR night <input type="checkbox"/>	None <input type="checkbox"/>	Other <input type="checkbox"/>	Unknown <input type="checkbox"/>			

Meteorological Conditions at Time of Occurrence

Weather/Runway Conditions:

*Please tick as appropriate: *IMC *VMC *Unknown RVR (if applicable): m

Narrative of Occurrence:

Please provide photographs where applicable:

PART 1 Completed By:

PIC: NATR: Other: (If other, please specify)
Name: Date:
Email: Telephone:

Email to: aircraft@gov.im

END OF PART 1

PART 2 – To be completed within 30 days of the date of notification of the occurrence by the reporter

Investigation of Occurrence:

Identify **root cause of failure** leading to the occurrence.

Closing Action:

Should be as a result of the details identified above (e.g. additional training, component change, process change).

PART 2 Completed By:

PIC:

NATR:

Other:

(If other, please specify)

Name:

Date:

Email:

Telephone:

Email to: aircraft@gov.im

END OF OCCURRENCE REPORT