

HANG GLIDING FEDERATION OF AUSTRALIA

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ACCIDENT / INCIDENT REPORT

Form 14 - Issued September, 2002

NOTE: Please complete all details in BLOCK letters.

Office Use Only

PILOT DETAILS

HGFA No: _____ Surname: _____ First name: _____

Pilot Quals: _____ Date of Birth: _____ Sex: M / F Telephone: _____

Address: _____

Pilot Total Hours: _____ Hours last 90 days: _____ Hours Experience on aircraft: _____

ACCIDENT / INCIDENT DETAILS

Acc or Inc: A / I Acc / Inc Date: _____ Acc / Inc Time: _____ No. of Persons Involved: _____

Witness Name: _____ Telephone: _____

Instructor Name & School if Acc/Inc Happened During Training: _____

Pilot Injury: Fatal / Hosp / Doc / Minor / Nil Passenger / Bystander Injury: Fatal / Hosp / Doc / Minor / Nil

Details Pilot Inj: _____

Details Pass / Byst Inj: _____

AIRCRAFT & EQUIPMENT DETAILS

Aircraft Type: HG / PG / WM Make: _____ Model: _____ Size: _____

Year of Manufacture: _____ Total airframe hours: _____ Hours since last airframe inspection: _____

Parachute Fitted: Yes / No If WM: Registration No.: _____ Engine Type & Model: _____

Harness Type: _____ Harness Make: _____ Harness age: _____

Aircraft Damage: _____

SITE / LOCATION DETAILS

Site Type: Inland / Coastal / Tow / Grass Strip / Sealed Runway Site Rating (If applic.): Restricted / Intermediate / Advanced

Site Name: _____ Site Location: _____

Launch Type if Launch Acc/Inc: Gentle / Steep / Cliff / Ramp / Tow / Other: _____

Landing Type if Landing Acc / Inc: Nominated L/Z / Site Non L/Z / XC / Top / Other: _____

ASSOCIATED DETAILS

Acc/Inc Occurred When: Taking Off / Landing / In Flight / Winch Tow / Car Tow / ATOL Tow / Aerotow

Acc/Inc Occurred During: Recreational Flying / Competition / Under Instruction

Pilot New to Site: Y / N Pilot New to Type of Operation: Y / N Temperature: _____

Wind Direction: Head / Cross / Tail Wind Speed: _____ Knots Turbulence: Nil / Light / Mod / Strong

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AND ATTACH DRAWINGS AND PHOTOGRAPHS IF APPLICABLE

