

Part 1 - Complete pages 1 and 2 of this report and email to caa@gov.im **within 72 hours** of the occurrence coming to the knowledge of the person making the report. Guidance, if required, can be found in CAA Publication 7.

Part 2 - Complete page 3 and 4 (Investigation and Closing Actions) and email to caa@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 | | | | | | | | | |
|-------------------------|--|---|--|---|---|-------------|---|-----------------------|---|
| Occurrence Overview: | | | | | | | | | |
| Occurrence title: | <input style="width: 100%;" type="text"/> | | | | | | | | |
| Date (UTC): | <input style="width: 150px;" type="text"/> | Time (UTC): | <input style="width: 150px;" type="text"/> | * Day | <input style="width: 40px;" type="checkbox"/> | *Night | <input style="width: 40px;" type="checkbox"/> | * tick as appropriate | |
| Location of occurrence: | <input style="width: 100%;" type="text"/> | | | | | | | | |
| Injury level: | None | <input style="width: 40px;" type="checkbox"/> | Minor | <input style="width: 40px;" type="checkbox"/> | Highest Damage: | None | <input style="width: 40px;" type="checkbox"/> | Minor | <input style="width: 40px;" type="checkbox"/> |
| | Serious | <input style="width: 40px;" type="checkbox"/> | Fatal | <input style="width: 40px;" type="checkbox"/> | | Substantial | <input style="width: 40px;" type="checkbox"/> | Destroyed | <input style="width: 40px;" type="checkbox"/> |
| | | | Unknown | <input style="width: 40px;" type="checkbox"/> | | | | Unknown | <input style="width: 40px;" type="checkbox"/> |

| Occurrence Category (tick all that apply): | | | | | | | | | |
|---|---|--|---|--|---|--|--|--|--|
| Airport/ATC System/Equipment Failure/Malfunction: | <input style="width: 40px;" type="checkbox"/> | Airspace Infringement: | <input style="width: 40px;" type="checkbox"/> | Airborne Conflict (e.g. Airprox/ TCAS/Loss of Separation): | <input style="width: 40px;" type="checkbox"/> | | | | |
| Potential/Actual Runway Incursion: | <input style="width: 40px;" type="checkbox"/> | Potential/Actual Runway Excursion: | <input style="width: 40px;" type="checkbox"/> | Level Bust: | <input style="width: 40px;" type="checkbox"/> | | | | |
| Potential/Actual Taxiway/Apron Incursion: | <input style="width: 40px;" type="checkbox"/> | Ground Handling/Aircraft Loading Event: | <input style="width: 40px;" type="checkbox"/> | Potential/Actual/Near Loss of Control (during flight): | <input style="width: 40px;" type="checkbox"/> | | | | |
| Fire/Smoke: | <input style="width: 40px;" type="checkbox"/> | Terrain Conflict (e.g. GPWS/TAWS): | <input style="width: 40px;" type="checkbox"/> | Weather Events/Wake Turbulence: | <input style="width: 40px;" type="checkbox"/> | | | | |
| Bird Strike: | <input style="width: 40px;" type="checkbox"/> | Aircraft System/Equipment Failure/Malfunction: | <input style="width: 40px;" type="checkbox"/> | Dangerous Goods Accident/Incident: | <input style="width: 40px;" type="checkbox"/> | | | | |
| Other: | <input style="width: 100%;" type="text"/> | | | | | | | | |

| Aircraft and Flight Details (if applicable): | | | | | | | | | | | |
|--|-----------------------|---------------|------|----|----------|----------------|-------------------|--------------|--------------------|------------------------------|--------------------------------------|
| Operator | Aircraft Callsign/Reg | Aircraft Type | From | To | SSR Code | IAS (if known) | Flight Level /Alt | IFR/VFR/SVFR | IMC/VMC (if known) | Airspace Class (A/C/D/E/F/G) | Type of ATS (BS/TS/DS/RC/PC/ADC/GMC) |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Aerodrome Information at Time of Occurrence:

Runway in use:

QNH:

Meteorological Conditions at Time of Occurrence:

Weather/Runway Conditions:

Narrative of Occurrence:

Part 1 Completed By:

Name:

Position

Date:

Telephone:

Email:

END OF PART 1

PART 2

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:Name: Position: Date: Telephone: Email: **END OF OCCURRENCE REPORT**

Our [Privacy Notice](#) explains how we collect, store and handle your personal data. If you would like to find out more please visit our [website](#) or contact our Data Protection Officer at dpo-dfe@gov.im for a paper copy.

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