8 Merus Court Meridian Business Park Leicester LE19 1RJ Tel 0116 289 4316 24 hour answering Fax 0116 281 4949



## **Incident Report Form**

It is a legal requirement and your duty as a BHPA member to report air incidents. Fatal or potentially fatal incidents must be reported to the BHPA, Air Accident Investigation Branch (AAIB) and Police immediately. Serious incidents should be reported to the BHPA as soon as possible and in all cases an Incident Report Form should be sent to the BHPA within 48 hours.

BHPA Technical Officers: 0116 289 4316

BHPA Office: 0116 289 4316, office@bhpa.co.uk, www.bhpa.co.uk

AAIB (24 hours): 01252 512299

## Report incidents if any of the following apply:

- · Involve injury, whether to participants or others.
- Involve damage to property, third party or not.
- · May give rise to an insurance or legal claim.
- · Involve non-standard equipment or techniques.
- · Involve failed or malfunctioned equipment.
- Highlight safety points or were unusual.
- · You feel the sport may learn from.

Person invo	lved					
Name	E	BHPA BMAA Membe	ership / Intro. Cert. No.			
Address		Post code				
Email	Telephone	Home	Mobile			
Nationality	Gender M/F	Age Weight (kg	g) Clip in weight (kg)			
Ratings: None	Under training CP P AP D	ual Instructor IF	PPI levels: Safepro Parapro			
Date last rating attained Time since last flown						
Experience:	Years Flying hours	Hours on type	Total flights			
Trained by:	BHPA Instructor BMAA Instructor Other	ner Instructor	Friend Self			
Training School	(	Current club				
Incident det	ails					
Discipline:	HG PG PA Date	Tin	ne			
Country	Name of site					
Wind direction:	Best for site On the day					
Launch:	Hill: Assisted  Forward  Reverse  Tow: Winch  Vehicle  Aerotow Power					
Wind speed mph: 0-7 8-12 13-17 18-21 22-25 26-30 30+						
Weather:	Smooth/steady Variable Gusts	Thermic Turbulent				
Incident during: Take-off  Tow Free flight Powered flight Thermalling SIV Acro Approach Landing						
Injuries						
Person/s injured:	Pilot 1 Pilot 2 2nd pilot (dual)	Ground crew Course m	ember Third party			
Injuries sustained						
Medical:	Casualty dept. Hospital admission Name of hospital and town:					
Equipment						
Glider/canopy:	HG PG Manufacturer	Model	Size			
Bought:	New Secondhand Tota	I flying hours D	Pate of manufacture			
Certified by:	DHV LTF CEN Certification g	rade (e.g. A, B, 1, 2/3, etc.)	)			
	BHPA HGMA Registered Prototype	Registered Grandfathe	red Not certified			
Modifications (list)		Accesso	ries			
Power unit:	Manufacturer Model	Age	_ Modifications			
Harness:	Manufacturer Type	P P	adding type			
Helmet type:	None  Open face  Full face  CE	966 approved?				
Emergency parachute: Manufacturer Model Age Size						
Deployment at height agl metres Successful deployment Failed deployment Accidental deployment						

Narrative report	
<ul><li>Please write clearly, preferably in black ink.</li><li>Provide as much factual information as possible.</li></ul>	<ul><li>Provide sketches opposite.</li><li>Continue on a separate sheet if necessary.</li></ul>
What led up to the incident?	
What was the student/pilot briefed to do (or what did he say he	would do)?
Describe the incident:	
What happened after the incident? (Include medical diagnosis.	)
O and with order or face to the	
Contributory factors	and a d
Tick the box/es for any factors which you think may have contrib	Major Minor Major Minor
Inexperience	Overconfidence
Low wind Confusion/froze	Insufficient lookout

Sketch of incident					
	plan view sketches as appropriate				
SCHOOL	-BASED INCIDENTS ONL	<b>.</b> Y			
For any incident or accident at a BHPA registered school this section is to be completed. Serious incidents/accidents are to be reported by telephone immediately. This report form must be posted to the BHPA office within 48 hours.					
At the tim	e of the incident				
Who was the	duty Instructor/Instructor in charge?	?			
Who was sup	ervising the 'incident' group?		What ratings a	re held?	
Who was driv	ing/operating the tow unit?		What ratings a	re held?	
Was a separa	ate tensiometer reader carried?	Se	parate observer carried?	Anchor man used?	
What length t	ow line was used?	WI	hat line material?		
What type of	communications were used?				
What training aids were used?					
How many students were being trained? How many students were in the 'incident' group?					
What training exercise was the student attempting?  No. of flights on this exercise?					
Student's training history					
Type of course student was on: Intro					
Previous School attended (if any)					
No. of days o	n this course		Total no. of training days		
What was the	student's previous training exercise	e?			
No. of flights	on the previous exercise?		On what date?		
Details of the Date	student's two most recent theory se Subject	essions:   Duration	Venue (outdoor, vehicle, clubroom, etc)	Name of tutor	
1					
2					

Additiona	I contact information			
WITNESSES	1: Name		Telephone	
	Address			Postcode
	2: Name		Telephone	
	Address			Postcode
THIRD	1: Name		Telephone	
PARTIES	Address			Postcode
	Desciption of injury/damage			
	2: Name		Telephone	
	Address			Postcode
	Desciption of injury/damage			
Signature	•			
• Print your na	ne report as fully as possible? me, sign and date it. BHPA Office in the reply paid env	velope.		
Name		Signed		Date
If different pe	rson from front page: Membe	rship No.		
Address				
Postcode		Telephone		

The PDF version of this form may be downloaded from: www.bhpa.co.uk/members/forms

BHPA OFFICE USE ONLY				
I.O. assessment:				
Injury category: Nil Minor Serious Fatal				
Cause:				
Received:	Acknowledged:	Serial No.:	BHPA - IR 04/09	