

Civil Aviation Directorate Birdstrike Occurrence Report

Send form by e-mail to occrepsmu.tm@transport.gov.mt or by fax to +356 21239278



1. Reference Information

Reporting Organisation/Person		
Name:	Country/Site:	Approval Ref:
Submitter Information		
Name of submitter:	Telephone/Mobile No: /	Email Address:
Report Type		<input type="checkbox"/> Initial* <input type="checkbox"/> Follow-up**
Date of Report*:	Initial Report Date**:	Report Status (of the reporting Organisation) <input type="checkbox"/> Open <input type="checkbox"/> Closed

* Tick here if it is an initial Report, and insert the date of the report

** Tick here if it is a follow-up report. Also insert the Initial Report Date

2. Occurrence Summary

Occurrence Title											
Location:											
Date of the finding:			Tech Log Pg. Entry:			Birdstrike Details:			Phase of Flight:		
Parts of Aircraft Struck or Damaged (S= Struck, D= Damaged)											
	S	D		S	D		S	D		S	D
Radome	<input type="checkbox"/>	<input type="checkbox"/>	Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Nose	<input type="checkbox"/>	<input type="checkbox"/>	Engine No 1	<input type="checkbox"/>	<input type="checkbox"/>
Engine No 2	<input type="checkbox"/>	<input type="checkbox"/>	Engine No 3	<input type="checkbox"/>	<input type="checkbox"/>	Engine No 4	<input type="checkbox"/>	<input type="checkbox"/>	Propellor	<input type="checkbox"/>	<input type="checkbox"/>
Wing or Rotor	<input type="checkbox"/>	<input type="checkbox"/>	Fuselage	<input type="checkbox"/>	<input type="checkbox"/>	Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>	Tail	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>						
Number of birds											
	Seen	Struck	Size of Birds: <input type="checkbox"/> Small, <input type="checkbox"/> Medium, <input type="checkbox"/> Large								
1	<input type="checkbox"/>	<input type="checkbox"/>	Species of birds:								
2-10	<input type="checkbox"/>	<input type="checkbox"/>	Any Remains Found:								
11-100	<input type="checkbox"/>	<input type="checkbox"/>	Pilot warned of birds: <input type="checkbox"/> Yes, <input type="checkbox"/> No								
100+	<input type="checkbox"/>	<input type="checkbox"/>	Bird remains sent for identification: <input type="checkbox"/> Yes, <input type="checkbox"/> No								

3. Occurrence Attachments*

1)	4)
2)	5)
3)	6)

*Give a description of any attached documents submitted with the application

4. Aircraft Information

Aircraft Manufacturer and Type/Model:	Aircraft Serial Number:
Operator/Owner:	Aircraft Registration:

5. Flight Information

Time (local): : Hrs (24 hr)	Precipitation:	Sky Condition:	Aerodrome (or Enroute):
Runway in use:	Height (agl): ft	Speed (IAS/TAS): kts	Effect on flight: Other (specify):

6. Details

Remarks and other relevant information (*describe damage, injuries, and other pertinent information*)

Date: _____

Signature: _____

*For CAD Use only		
Internal Reference No:		Occurrence Classification: <input type="text"/>
Issue No:	Date of Receipt:	