



**Accident
Details**

Date:
Time:

Location

Injuries / Damage

Injuries to persons				
	Nil	Minor	Serious	Fatal
Pilot	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Damage				
	Nil	Minor	Mod.	Severe
Aircraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Owner of Damaged
Property**

Name:
Address:
Tel. No.

Site Owner (if applicable)

Name:
Address:
Tel. No.

Pilot Details

Name:
Address:

Age:
Tel: (Home)
(Mobile)

Club:
Trained By:
Flying Experience (years):

Licence No:

Licence Type:

Ratings:

Total Hours P1:

Total Hours on Type:

Passenger Details

Name:
Address:

Age:
Tel: (Home)
(Mobile)

Flying Experience:

Aircraft Details

Registration:
Aircraft Type:
Engine Type:

Total Airframe Hrs:
Total Eng Hrs:
No. of Seats:


Permit Issue Date:
Permit Expiry Date:
Permit No:

Flight Details

Pleasure Flight:
Dual Training Flight:
Solo Training Flight:

Period of Flight

Take Off: <input type="text"/>	Local Flying: <input type="text"/>	Other: <input type="text"/>
Circuit: <input type="text"/>	X-Country: <input type="text"/>	
Landing: <input type="text"/>	Taxying: <input type="text"/>	

 National Microlight Association of Ireland www.nmai.ie	Form No.	NMAI/AW008	Accident/Incident Report Form
	Issue	8 Rev.0	
	Page No.	2 of 2	
	Issue Date	18 JAN 2018	

Weather Details

Precipitation	Visibility	Wind	Cloud	Condition	Thermal Activity
Rain <input type="checkbox"/>	Good <input type="checkbox"/>	Direction/Speed	Type	Turbulent <input type="checkbox"/>	Sev. <input type="checkbox"/>
Snow <input type="checkbox"/>	Mod <input type="checkbox"/>	X-Wind Comp	Cloudbase	Gusty <input type="checkbox"/>	Mod. <input type="checkbox"/>
Hail <input type="checkbox"/>	Poor <input type="checkbox"/>			Smooth <input type="checkbox"/>	Light <input type="checkbox"/>
					None <input type="checkbox"/>

Witnesses

(1) Name: Address: Tel: (Home) (Mobile)	(2) Name: Address: Tel: (Home) (Mobile)	(3) Name: Address: Tel: (Home) (Mobile)
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Other Information

No. of sheets attached _____

Signed _____

Name _____

Authority _____

Date: _____