

OCC NO. FILE NO. SAI 

## Bird Incident Notification

CIVIL AVIATION AUTHORITY  
OF NEW ZEALAND

The completed form should be emailed to: ca005@caa.govt.nz

**Complete boxed areas only**

### Operational Details

Date of incident Time of incident   NZST or  NZDT or  UTCAircraft registration ZK-  Flight No./Call sign Operator  Operator ID Location of incident Nearest airport at time of incident  Distance from  NM Bearing from  °Height AGL at time of incident  Runway used 

Flight phase at time of incident select one:	<input type="checkbox"/> Takeoff	<input type="checkbox"/> Circuit
	<input type="checkbox"/> Climb	<input type="checkbox"/> Landing
	<input type="checkbox"/> Cruise	<input type="checkbox"/> Agricultural Manoeuvres
	<input type="checkbox"/> Approach	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other (specify): <input type="text"/>	

### Bird Incident Details

Bird Hazard  Strike or  Near strikeBird Species Bird Size  Small or  Medium or  LargeNumber Seen  1 or  2-10 or  11-100 or  100+Number Hit  1 or  2-10 or  11-100 or  100+

Aircraft part(s) for Strikes only:		Struck		Damaged	
Nil		<input type="checkbox"/>	<input type="checkbox"/>	Fuselage	<input type="checkbox"/>
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undercarriage	<input type="checkbox"/>
Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail	<input type="checkbox"/>
Propeller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/> (specify): <input type="text"/>
Rotor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Effect(s) on flight	<input type="checkbox"/> Nil	<input type="checkbox"/> Avoiding action
	<input type="checkbox"/> Aborted takeoff	<input type="checkbox"/> Go-around/missed approach
	<input type="checkbox"/> Engine(s) shutdown	<input type="checkbox"/> Abnormal landing
	<input type="checkbox"/> Other (specify): <input type="text"/>	

### Description of Incident


### Submitter's Details

Name Client ID Organisation Date Telephone Fax Email