



RECREATIONAL AVIATION - AUSTRALIA INC

INCIDENT & ACCIDENT REPORT

May be used as DEFECT REPORT

Help us to help others; if you are involved in an ultralight accident or incident please fill out this form and return it to the RA-Aus Office. If you need additional copies please photocopy this form or download a copy from our web site. If required your RA-Aus club or Regional Representative will be happy to assist. **PLEASE PRINT.**

PILOT/AIRCRAFT DETAILS (Optional, but preferable)

NAME _____ PHONE () _____
ADDRESS _____ POSTCODE _____
RA-Aus PILOT YES NO CERTIFICATE No _____
WAS AIRCRAFT REGISTERED YES NO Registration No. _____ (COMPULSORY)

PILOT EXPERIENCE

TOTAL FLIGHT HOURS DUAL _____ SOLO _____
TOTAL ULTRALIGHT HOURS DUAL _____ SOLO _____
TOTAL EXPERIENCE ON TYPE DUAL _____ SOLO _____

AIRCRAFT INFORMATION

AIRCRAFT MAKE _____ MODEL _____
YEAR OF MANUFACTURE _____
ENGINE MAKE _____ MODEL _____
TOTAL ENGINE HOURS _____ approx
ENGINE HOURS SINCE SERVICE _____ approx
TOTAL AIRFRAME HOURS _____ approx
HELMET WORN YES NO BRAND _____
VHF RADIO FITTED YES NO TYPE _____
ELT CARRIED YES NO TYPE _____

SITE INFORMATION

LOCATION _____
DATE (DAY/MONTH/YEAR) _____ TIME _____
WIND DIRECTION _____ VELOCITY _____ KTS
TEMPERATURE °C _____
TURBULENCE _____ NON/LIGHT/MODERATE

OFFICE USE ONLY

DATE RECEIVED _____

RECEIVED BY _____

REFERENCE No _____

DEFECT: [Y] - [N]

OPS COMMENT/ACTION:

TECH COMMENT/ACTION:

FOLLOWUP:

DATE CLOSED/FINALISED: ____ / ____ / ____

NAME OF OFFICER CLOSING: _____

POSITION: _____

SIGNATURE: _____

PLACED ON FILE: ____ / ____ / ____