

CAE OAA Occurrence Report

Clear form

Staff use only:

Pareto Code: _____ REP#: _____ OR# _____

Report Date: _____

Reported By: (please include full name) _____

Training Center Location: Falcon Field (other) _____

Confidential:

Title of Occurrence: _____

Contact Details: _____

Personal Feedback Required:

Flight Details:

KEY PEOPLE

PIC Name and contact details _____

Flight Instructor _____ Student Pilot _____

Pax 1 _____ Pax 2 _____

Aircraft Type: _____ Registration: _____ Callsign: _____

Program

Nature of Flight

Date of Occurrence: _____ Time of Day

Time of Occurrence (local): _____

From: _____ To: _____ Runway: _____

Flight Phase: _____

Flight Rules: _____ ATC Unit: _____ Type of ATC Service: _____

Flight Level / Altitude / Height: _____

IAS (kts): _____

1st / 2nd solo?

Environmental Details:

Wind direction: _____ Wind Speed: _____ OAT (degC): _____

Visibility (distance KM): _____ Significant Wx (specify type and severity):

Cloud Type: _____ Cloud Base: _____ Cloud Coverage:

Flight Conditions _____ WX Severity:

Runway / Surface Condition: _____ Icing

Turbulence Rating

Occurrence Description:

AIRPROX:

Complete these fields if you are reporting an AIRPROX.

Aircraft seen: Yes No

Avoiding action taken: Yes No

Risk Severity

How did you report the airprox or hear about the airprox: _____

ATC instructions issued: Yes No

Cleared Altitude (Ft): _____ Cleared Flight Level (FL) _____

Min Horiz. Separation (m): _____ Min Vert. Separation (Ft): _____

Other Aircraft Description:

TCAS Alert Type: RA TA None

Alert usefulness: Nuisance Necessary Useful

Transponder details: ON Off Mode C Mode S

BIRSTRIKE:

Complete these fields if you are reporting a birdstrike.

Bird remains sent for identification: Yes No

Number of birds seen: 1 2-10 11-100 >100

Species: _____

WAKE TURBULENCE:

Complete these fields if you are reporting wake turbulence.

Altitude change: _____ Attitude change (deg): _____ Change in speed: _____

Pitch: Yes No Roll: Yes No Yaw: Yes No

Comments:

Vertical acceleration description: _____

Did you report the incident to ATC at the time: Yes No Distance from touchdown: _____

Estimates separation between ac (nm/ft/mins): _____ Turning: Left Right Not applicable

Heading: _____ Heading change: : _____

Position on glideslope: On Above Below Were you on base leg: Yes No

Aware of other aircraft: Yes No Preceding aircraft type: _____

Preceding aircraft details:

Stall warning: Yes No Buffet: Yes No Turbulence: Light Moderate Severe

Why suspect wake turbulence: _____

What type of approach were you making: Visual Precision Non Precision

Which airway, route, SID or STAR were you on: _____

Wind shear experienced: Yes No Wind shear reported: Yes No