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| Occurrence Number:  *Entered by authority*  Click here to enter text. |
| Confidential?  YES:  NO:  If so, please provide us with your contact details. |

**OPERATIONAL OCCURRENCE REPORT**

The Office of the Director of Civil Aviation

Bailiwick of Guernsey

Tel: +44 1481 226629

E-mail: [occurrences@cidca.aero](mailto:occurrences@cidca.aero)

**Not all fields have to be filled in**

**Please forward the occurrence report to the above e-mail address**

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| 1. **Operational Details** | | | | |
| Date of Occurrence  Click here to enter a date. | Time of Occ. (UTC - HH:MM)  00:00 | | Location  Click here to enter text. | |
| Aircraft Type & Series  Click here to enter text. | | Registration  Click here to enter text. | Flight Rules  IFR:  VFR: | ETOPS |
| Operator  Click here to enter text. | Departure From  Click here to enter text. | | Arrival To  Click here to enter text. | |
| Name of Pilot  Click here to enter text. | Number of Crew  Click here to enter text. | | Number of Passengers  Click here to enter text. | |

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| 1. **Weather & Conditions** | | | | | |
| Wind (Speed in kts & Direction)  Click here to enter text. | | Visibility  Click here to enter text. | | Cloud (Type, Amount & Base)  Click here to enter text. | |
| Outside Air Temperature (°C)  Click here to enter text. °C | | Flight Conditions  VMC:  IMC: | | Precipitation  Click here to enter text. | |
| Nature of Flight  Choose an item. | | Flight Phase  Choose an item. | | Effect on Flight  Choose an item. | |
| \*if Other, please specify:  Click here to enter text. | | \*if Other, please specify:  Click here to enter text. | | \*if Other, please specify:  Click here to enter text. | |
| Bird Strike  YES:  NO: | Number Seen  Click here to enter text. | | Number Hit  Click here to enter text. | | Species  Click here to enter text. |

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| 1. **Description of Occurrence** |
| Brief Title of Occurrence  Click here to enter text. |
| Occurrence Description  Click here to enter text.  Please continue on a separate sheet if necessary |

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| 1. **Details of the Submitter** | |
| Name  Click here to enter text. | Date Reported  Click here to enter a date. |
| E-mail  Click here to enter text. | Telephone Number  Click here to enter text. |