**Reference:**

**CAR Part 12**

**Instructions:**

* Complete white areas only where applicable. If faxing this form, send to + (675) 325 1919
* Refer AC 12-1 Appendix B for instructions on how to fill the form CA 005

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Occurrence: | | /    / | | | | Time: |  | | UTC | | | Location: | | |  | | | | |
| Aircraft Manufacturer and model: | | | | |  | | | | | | | | | Aircraft registration: | | | | P2- | |
| Operator: |  | | | |  | | | | | | | | | Client ID: | | |  | | |
| POB: |  | | | |  | Number of Injuries: | | | | | Fatal | | | Serious | | | | Minor | |
|  | | | | | | | | | | | Crew: | | | Crew: | | | | Crew: | |
|  | | | | | | | | | | | Pax: | | | Pax: | | | | Pax: | |
| 1. **Operational Details:** | | | | | | | | | | | | | | | | | | | |
| Flight No./Call Sign: | |  | | | | Altitude: | | AGL  AMSL  FL | | | | | | | | Runway Used: | | | |
| Departure Point: | |  | | | | Destination Point: | |  | | | | | Nearest Reporting Point (NRP): | | | | | |  |
| Distance and bearing from NRP: | | | | NM | | | | VFR  IFR  VMC  IMC | | | | | | | | | | | |
| * 1. **Nature of Flight:** | | **Scheduled**  **Non-scheduled** | | | | | | **Domestic**  **International** | | | | | | | | **ETOPS** | | | |
|  | | Passenger A to A | | | | | | Passenger A to B | | | | | | | | Freight only | | | |
|  | | Agricultural | | | | | | Other aerial work | | | | | | | | Business executive | | | |
|  | | Training dual | | | | | | Training solo | | | | | | | | Test of ferry/positioning | | | |
|  | | Private other | | | | | | Parachuting | | | | | | | | Air ambulance | | | |
| * 1. **Flight Phase:** | | Parked | | | | | | Taxing | | | | | | | | Take off | | | |
|  | | Climb | | | | | | Hover | | | | | | | | Cruise | | | |
|  | | Circuit | | | | | | Aerobatics | | | | | | | | Holding | | | |
|  | | Descent | | | | | | Approach | | | | | | | | Landing | | | |
| * 1. **Effect on Flight:** | | Nil | | | | | | Flight delayed/cancelled | | | | | | | | Aborted take-off | | | |
| If weather is a significant factor include in description of occurrence | | Failure to get airborne | | | | | | Emergency/precautionary descent | | | | | | | | Emergency/precautionary landing | | | |
|  | | Go-around/missed approach | | | | | | Abnormal approach | | | | | | | | Diversion | | | |
|  | | Turn back | | | | | | Engine(s) shutdown | | | | | | | | Significant loss of Control/  performance | | | |
|  | | Avoiding action | | | | | | Overweight landing | | | | | | | | Abnormal landing | | | |
|  | | Runway excursion | | | | | | Other (specify) | | | | | | | |  | | | |
| 1. **Description of Occurrence:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Pilot in Command Name: | | |  | | | | | | | | Licence Number: | | | | |  | | | |
| Pilot flight hours in the last 90 days: | | |  | | | Flight Hours on Type: | | | |  | Total Flight Hours: | | | | |  | | | |
| Last Checked: | | |  | | | * IFR ☐ BFR | | | | Reg: |  | | | | | By Name: | | | |
| Date Checked: | | | /    / | | | Check Pilot’s ID: | | | |  | | | | | | | | | |

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| 1. **Type of Occurrence** | | | |
| * 1. **Accident/Incident** | Collision/Strike object | Component/system failure malfunction | Loss of control |
|  | Engine power loss | Damage to aircraft | Airframe failure |
|  | Fire/explosion/fume | Fuel/fluid occurrence | Flight crew illness/incapacitation |
|  | Injuries to persons | Failure of emergency equip/pros | Evacuation |
|  | Passenger/cargo related occurrence | Valid warning/alert system | Invalid warning/Alert System |
|  | Emergency declaration | Other (specify) |  |

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| **3.2 Airspace** | | **Airspace ID** | | | | |  | | | | | | | | |  |
|  | | Near collision | | | | | Loss of separation | | | | | | | | | Unauthorised altitude penetration |
|  | | Unauthorised airspace incursion | | | | | Breach of other clearance | | | | | | | | | Pilot flight planning deficiency |
|  | | Clearance/instruction deficiency | | | | | Flight information deficiency | | | | | | | | | Other (specify) |
|  | | TCAS Alert  RA  TA | | | | | Intruder relative altitude in feet: | | | | | | | | | Relative position:       o’clock |
| **3.3 Facility Malfunction** | | **Facility ID** | | | | | **Name** | | | | | | | | | **Facility type** |
|  | | Failure/non-availability | | | | | Coverage intensity deficiency | | | | | | | | | Alignment/course efficiency |
|  | | Excessive bends/roughness | | | | | False overhead/distance indication | | | | | | | | | Identification deficiency |
|  | | Readability deficiency | | | | | Interference | | | | | | | | | Other (specify) |
| * 1. **Aerodrome** | | Physical surface deficiency | | | | | Surface marking deficiency | | | | | | | | | Wildlife incursion |
|  | | Physical obstruction | | | | | Equipment/installation deficiency | | | | | | | | | Apron management deficiency |
|  | | Public protection deficiency | | | | | Other (specify) | | | | | | | | |  |
| * 1. **Dangerous goods** | | Spillage/Leakage | | | Fume/gas/smoke/fire | | | | | | | Mis/Non-declaration | | | | Other (specify): |
| * 1. **Bird Hazzard** | | **Strike**  **Near strike** | | | | | | | **Species:** | | |  | | | **Size:**  small  medium  large | |
|  | | **Number seen:**  1  2-10  11-100 100+ | | | | | | | **Number hit:**  1  2-10  11-100  100 + | | | | | | | |
|  | | **Cloud:** | | | | | | **Precipitation:**  Nil  Light  Heavy | | | | | | | | |
|  | | Pilot pre-warn of strike possibility. Yes  No | | | | | | | | | | | | | | |
|  | | Contributing factors? e.g. grass cutting | | | | | | | | | | | | | | |
| * 1. **Security** | | Bomb Threats | | | | Tribal Fighting or Ethnic Clashes | | | | | | | | Introduction and delivery of IED (PBIED) on Person, in cabin baggage or Hold Baggage | | |
|  | | Unauthorized Access-Person/Vehicle | | | | Aircraft Sabotage | | | | | | | | Unruly passenger | | |
|  | | Disruptive person/passengers | | | | Aircraft hijacking | | | | | | | | Landside Attacks | | |
|  | | IED in Cargo | | | | Cyber Attack/Threats | | | | | | | | Introduction of prohibited item on aircraft | | |
|  | | 1. Civil Unrest | | | | 1. Others(Specify | | | | | | | | | | |
|  | | Description of Occurrence: | | | | | | | | | | | | | | |
| 1. **Transmission of Information to Design Organization for Aeroplane over 5, 700kg and Helicopters over 3, 175 kg MCTOM** | | | | | | | | | | | | | | | | |
| Does the fault, malfunctions, defect and/or occurrences cause or might cause adverse effect on the continuing airworthiness of the aircraft/engine/propeller? | | | | | | | | | | | | Yes | | | No | If yes, complete this section (4)  If no, skip this section 4 and move onto section 5 |
| Is the fault, malfunction, defect or occurrence in relation to: *(check the appropriate box)*   1. Aircraft *(if yes, complete A below)* 2. Engine or Propeller *(if yes, complete B below)* 3. Modification *(if yes, complete C below)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **Transmitted Information** | | | **Evidence attached** | ***Notes:*** |
| 1. Aircraft | | Transmit information to Organization responsible for:   1. Type Design of Aircraft | | | | | | | | | |  | | |  | * *Information MUST be transmitted to the appropriate Design organizations* * *Evidences of transmission of information MUST be attached to this form CA 005* * *Check the appropriate boxes* |
| 1. Engine or Propeller | | Transmit information to Organization responsible for: | | | | | | | | | |  | | |  |  |
|  | | 1. Type Design of Aircraft | | | | | | | | | |  | | |  |  |
|  | | 1. Type Design of Engine | | | | | | | | | |  | | |  |  |
|  | | 1. Type Design of Propeller | | | | | | | | | |  | | |  |  |
| 1. Modification | | If defect or occurrence is in relation to a Modification, transmit information to Organization responsible for:   1. Design of the Modification | | | | | | | | | |  | | |  |  |
| 1. **Aircraft defect/ Engineering details\*** | | | | | | | | | | | | | | | | |
| Major Component systems affected: | | |  | | | | | | | | | | | | | |
| Part defective: | | | | | | | | | | | | | | | | |
| Manufacturer: |  | | | Model: |  | | | | | | | | Part Number: | | |  |
| Part Number: |  | | | Serial Number: |  | | | | | | | | Serial Number: | | |  |
| TTIS: | Hours: | Cycles: | | TSO: | Cycles: | | | | | TSI: | | | | | Hours: | Cycles: |
| Detection phase  Unscheduled  OR Scheduled Maintenance  Manufacturer Advised  Yes  No | | | | | | | | | | | | | | | | |
| Compliance with:  AD  SD | | | | | | | | | | | Specify Reference: | | | | | |
| Maintenance Organisation: | | | | | Client ID: | | | | | | | | | | Phone: | |
| **Aircraft Damage Level:**  Destroyed  Substantial  Minor  Other (Specify) | | | | | | | | | | | | | | | | |
| **Aircraft Disposal:**  Write- off  Repair  Unknown  Other (Specify) | | | | | | | | | | | | | | | | |

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| 1. **Engineering Description of Incident** | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Submitter’s Details** | | | | | | | | | |
| Name: |  | Client ID: | |  | Phone: |  | | Date: | /    / |
| Attachments  Sketches  Reports  Photographs  Other (specify): | | | | | | | | | |
| Submitter’s Investigation:  Open OR  Closed | | | | | | | | | |
| *\*If an accident, please supply a sketch of the site* | | | | | | | | | |
| *We require more forms, please forward to us*  Forms | | | | | | | | | |
| File No: | | | SAI: | | | | Finding No: | | |
| 1. **Investigation Report** | | | | | | | | | |
| Complete white areas only where applicable | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| This section of the form is intended to be completed by the reporter or reporter’s organisation at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report. For further assistance with this section refer to CAR 12 Advisory Circular. | | | | | | |
| Date of Occurrence: | /    / | Time: | UTC | | Location: |  |
| Aircraft manufacturer and model: | | | | Aircraft Registration P2 - | | |
| Finding attribute to: | | | | Client ID: | | |
| Aviation Document: | | Rule Reference: | | | Manual Reference: | |
| Non-compliance Non-conformance  Observation  Safety related concern  Critical  Major  Minor | | | | | | |
| 1. **Description** | | | | | | |
|  | | | | | | |
| 1. **Cause** | | | | | | |
| Cause 1 | | | | | | |
|  | | | | | | |
| Person/Organisation: | | Category: | | | Item: | |
| Cause 2 | | | | | | |
|  | | | | | | |
| Person/Organisation: | | Category: | | | Item: | |
| 1. **Client’s Closing Action** | | | | | | |
|  | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
|  | | | | | | |
| **Completion Date:**    /    / | | | | | | |
|  | | | | | | |
| Estimated OR Actual cost of occurrence and corrective action PGK: | | | | | | |

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| 1. **Reporter’s Details** | | | | | | |
| Name: |  | | | Position: |  | |
| Organisation: |  | | | AOC/MOC No. |  | |
| Date: | /    / | Phone number: |  | | Reporter’s Reference No. |  |

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| ***CASA USE ONLY*** | | | |
| ACC | ASP  BRD | ARC  DEF  DGD  NIO | |
| HGA | INC  NRO | PAA  SEC  PIO  ADI | |
| **Initials** | CAR(s) Refs: | Entered – Date | Insp. |
| CASA Notes: |  |  |
|  | | | |