Brians

Completed Form should be submitted to Director General of Civil Aviation, Civil Aviation Authority, No. 152/1, Minuwangoda Road, Katunayake.

Email: *sldgca@caa.lk* with a copy to *mgrasm@caa.lk*, amasm@caa.lk or Fax: +94 11 2257154

Additional information which is required, not categorized under the given fields shall be included in the narrative or note.

Operator:			A/c Make/Model:					
Engine Make/Model:			A/c Reg.:					
Date:			Local Time:					
Light Condition: 🗌 Dawn 🗌 Day			Aerodrome Name:					
🗆 Dust 🗌 Night								
Sector:			Runway used:					
Location if En Route:								
Height AGL: ft			Speed (IAS): kt					
Phase of 🛛 Park	of 🗌 Parked 🗌 Taxi 🗌			Take off 🛛 Initial Climb 🗌 Climb				
Flight 🗌 En r	□ En route □ Descent □ Holding □ Approach □ Landing roll							
Part(s) of Aircraft	Struck	Damaged	Part(s) of Air	craft	Struck	Damaged		
Radome			Propeller					
Windshield			Wing/rotor					
Nose (exclusive above)		Fuselage					
Engine no. 1			Landing gear					
Engine no. 2			Tail					
Engine no. 3			Lights					
Engine no. 4			Other (Specify)					
Effect on Flight	□ N	□ None □ Aborted take-off □ Precautionary Landing						
	🗆 Er	□ Engines shut down □ Other (specify)						
Number of Birds	1	2-10	11-100 moi	re Size of	Bird: 🗆 Sm	nall		
Seen				□Medi	um 🗆 La	irge		
Struck								
Bird species		Pilo			ot warned of			
	Birds: □Yes □No					0		
Sky condition	🗆 No c	□ No cloud □ Some cloud □ Overcast						
Precipitation:	🗆 Fog	🗆 Fog 🛛 Rain 🗌 Snow						

Remarks(Describe damage, injuries and oth	er pertinent i	nformation)):	
Special Information on Engine Damage Strik	kes			
Reason for failure/shutdown	Engine position number			
	1	2	3	4
Uncontained failure				
Fire				
Shutdown-Vibration				
Shutdown-Temperature				
Shutdown-Fire warning				
Shutdown-Other(specify)				
Shutdown - unknown				
Estimated percentage of thrust loss:				
Estimated number of birds ingested:				
Cost Information				
Aircraft time out of service (hrs):				
Estimated cost of repairs or replacement				
U.S.\$ (in thousands):				
Estimated other costs U.S.\$ (in thousands)				
Estimated other costs U.S.\$ (in thousands)				
Reported by (Name & Designation):				
Signature & Date				