



Incident Report Form

Serial No.

Reportable incidents are those which:

1. Involve injury, whether to participants or others.
2. Involve damage to property, whether 3rd party or not.
3. May cause an insurance or legal claim.
4. Involve the use of non-standard equipment or techniques.
5. Involve failed or malfunctioned equipment.
6. Highlight safety points or were unusual.
7. You feel the sport may learn from.

Actions after injury or fatality:

1. Administer 1st Aid.
2. Call relevant Emergency Services.
3. Photograph or sketch equipment - do not move or test
4. Take names and addresses of witnesses.
5. Have witnesses write down what they saw.
6. Inform next of kin, or ensure Police do.
7. Send to the BHPA office within 48 hours

Contact telephone numbers:

Technical Officers: 0179 2469 244 0193 7585 587
BHPA Office: 0116 261 1322 Fax: 0116 261 1323

SCHOOLS - please remember to attach a completed school supplement to the form.

Details of person injured or involved

Address

Name

Post code

Telephone (home)

(work)

Male/Female

Age

Clip in weight

M/ship No.

Intro. Certificate No.

Ratings (tick)

	Beginner	EP	CP	P	AP	Dual	Instructor
HG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date current rating attained

HG:

PG:

Experience (tick)

	Years	Flying hours Tow	Self	Flight totals	Hours on current type	Time since last flown
HG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Basic training by (tick)

School

Friend

Self

Name of training School

Current club

Incident details

Date

Time

Time of arrival on site

Name of Site

Best wind direction

Wind direction on the day

Launch - Hill:

Assisted

Forward

Reverse

Tow: Winch

Veh./boat

Aero

Power:

Weather - Wind speed(mph):

0-5

5-10

10-15

15-20

20-25

25-30

30 +

Conditions: Smooth/steady

Variable

Gusts

Thermic

Turbulent

Person/s injured - Pilot 1

Pilot 2

2nd pilot(dual)

Ground crew

Course member

3rd party

Injuries sustained

Services called:

1st Aid

Ambulance

Police

Fire Brigade

Mtn Rescue

Helicopter

Medical: Casualty

Hospital admission

Name of hospital and town

Equipment

Glider/canopy: Make

Model

Size(m²)

Bought: New

2nd hand

Total flying hrs

Date of manufacture

Certification:

HG BHPA

DHV

HGMA

Registered Prototype

Reg. Grandfathered

PG BHPA

DHV

CEN

Registered Prototype

Reg. Grandfathered

Any modifications?(list)

Accessories

Engine Type

Harness: Make

Helmet: Make

Model

Emergency parachute: Make

Model

Age

Size

Narrative report

1. Please write clearly, preferably in black ink
2. Provide as much factual information as possible
3. Provide sketches opposite
4. Continue on a separate sheet if necessary

What led up to the incident?

What was the student/pilot briefed to do (or what did he say he would do)?

Describe the incident:

What happened after the incident? (include relevant medical diagnosis)

Have you completed the report as fully as possible? Then print your name, sign and date it.

Name _____ Signed _____ Date _____

Side view sketch

Top view sketch

At what stage of the flight did the incident occur?

- 1. On take-off
- 2. During the tow
- 3. During free flight
- 4. On approach
- 5. On landing
- 6. Other (describe below)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If you are able to indicate possible contributory factors in this incident please tick the relevant box(es).

- 1. Inexperience
- 2. High/low wind conditions
- 3. Turbulence
- 4. Stall/tuck
- 5. Confusion/froze
- 6. Overconfidence
- 7. Equipment
- 8. Insufficient lookout
- 9. Traffic density
- 10. Other (describe below)

	Major	Minor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplement to Incident Report - For School Incidents

In the event of any incident or accident at a BHPA registered school this supplementary form is to be completed, attached to the Incident Report form and posted to the BHPA office within 48 hours. Serious incidents/accidents are to be reported by telephone first.

Operational details	Name of School: _____			
At the time of the incident:				
Who was the duty Instructor/Instructor in charge? _____				
Who was supervising the 'incident' group? _____	What ratings are held? _____			
Who was driving/operating the tow unit? _____	What ratings are held? _____			
Was a separate tensio reader carried? <input type="checkbox"/>	Was a separate observer carried? <input type="checkbox"/> Was an anchor man used? <input type="checkbox"/>			
What length tow line was used? _____	What material? _____			
What type of communications were used? _____	What training aids were used? _____			
How many students were being trained? _____	How many students were in the 'incident' group? _____			
What training exercise was the student attempting? _____	No. of flights on this exercise? _____			
What was the student's previous training exercise? _____				
No. of flights on the previous exercise? _____	On what date _____			
Details of the student's two most recent theory sessions:				
Subject	Duration	Venue (outdoors/vehicle/c'room)	Name of Tutor	Date
1				
2				

Student's Training history	Name of student _____																
What type of course was he/she on:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Intro</td> <td>EP</td> <td>CP</td> <td>Refresher</td> <td>Soaring</td> <td>XC</td> <td>RFM*</td> <td>Other</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Intro	EP	CP	Refresher	Soaring	XC	RFM*	Other								
	Intro	EP	CP	Refresher	Soaring	XC	RFM*	Other									
Previous School attended (if any) _____																	
No. of days on this course _____	Total no. of training days _____																
<p>Performance to date: Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Outstanding <input type="checkbox"/> Inconsistent <input type="checkbox"/></p>																	
* RFM = Radical flight manoeuvres																	
BHPA - IR 06/10.sup																	