



# CIVL Incident Report Form

Serial No.

<b>Reportable incidents are those which:</b> <ol style="list-style-type: none"> <li>1. Involve injury, whether to participants or others.</li> <li>2. Involve damage to property, whether 3rd party or not.</li> <li>3. May cause an insurance or legal claim.</li> <li>4. Involve the use of non-standard equipment or techniques.</li> <li>5. Involve failed or malfunctioned equipment.</li> <li>6. Highlight safety points or situations that were unusual.</li> <li>7. You feel the sport may learn from.</li> </ol>	<b>Actions after injury or fatality:</b> <ol style="list-style-type: none"> <li>1. Administer 1st Aid.</li> <li>2. Call relevant Emergency Services.</li> <li>3. Photograph or sketch equipment - do not move or test</li> <li>4. Take names and addresses of witnesses.</li> <li>5. Have witnesses write down what they <u>saw</u>.</li> <li>6. Inform next of kin, or ensure Police do.</li> <li>7. Send to the CIVL office within 24 hours/online</li> </ol>
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<b>Contact telephone numbers:</b>	<b>Name of Competitor:</b>
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<b>Details of person injured or involved</b>	Address
Name	Post code      Telephone (home)      (work)

FAI Sporting Licence Number: \_\_\_\_\_

Male/Female ☐ I    Age'    I Clip in    I Intro. Certificate No. ☐   

		Weight							
		Beginner	EP	CP	P	AP	Dual	Instructor	Date current rating attained
Ratings (tick)	HG								HG:
	PG								PG:

	Years	Flying hours Tow Self	Flight totals	Hours on current type	Time since last flown	Basic training by (tick)
Experience (tick)	HG					School
	PG					Friend
						Self

Name of training School	Current club
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**Incident details**    **I** Date \_\_\_\_\_ Time \_\_\_\_\_ Time of arrival on site \_\_\_\_\_

**Name of Site** \_\_\_\_\_ Best wind direction \_\_\_\_\_ Wind direction on the day \_\_\_\_\_

<b>Launch - Hill:</b> Assisted <input type="checkbox"/>  Forward <input type="checkbox"/> Reverse <input type="checkbox"/> Tow: Winch <input type="checkbox"/> Veh./boat <input type="checkbox"/> Aero <input type="checkbox"/> Power: <input type="checkbox"/>	<b>Weather - Wind speed(mph):</b>	<b>Conditions:</b>
	0-5	Smooth/steady
	5-10	Variable
	10-15	Gusts
	15-20	Thermic
	20-25	Turbulent
	25-30	
	30 +	

**Person/s injured** - Pilot 1 ☐ Pilot 2 ☐ 2nd pilot(dual) ☐ Ground crew ☐

Injuries sustained \_\_\_\_\_

Services called: 1st Aid ☐ Ambulance ☐ Police ☐ Fire Brigade ☐

Course member ☐ 3rd party ☐

Mtn Rescue ☐ Helicopter ☐

Medical: Casualty ☐ Hospital admission ☐ Name of hospital and town \_\_\_\_\_

**Equipment** Glider/canopy: Make \_\_\_\_\_

Size(m<sup>2</sup>) \_\_\_\_\_

Model \_\_\_\_\_

Bought: New ▢ 2nd hand ▢ Total flying hrs | \_\_\_\_\_ I Date of manufacture \_\_\_\_\_

Certification: HG      BHPA P1      DHV ▢ **HGMA** ▢ Registered Prototype P1 Reg. Grandfathered ▢  
PG BHPA ▢      DHV ▢ CEN ▢ Registered Prototype ▢ Reg. Grandfathered ▢

Any modifications?(list)

Accessories

Harness: Make

Engine Type

Helmet: Make

Emergency parachute: Make

Model

Size

Model Age