

## CIVIL AVIATION AUTHORITY OF THE CAYMAN ISLANDS BIRD STRIKE OCCURRENCE REPORT FORM

To be completed on discovering that a bird strike has, or may have occurred To be completed for all bird strikes, whether or not damage has been caused When completed, please send to:

CIVIL AVIATION AUTHORITY OF THE CAYMAN ISLANDS Unit 2 Cayman Grand Harbour P.O. Box 10277 Grand Cayman KY1-1003

Fax: 345-949-0761 Email: mor@caacayman.com

$C\Delta\Delta$	<b>OCCURRENC</b>	FNIIMBER
CAA	OCCUMINENCE	

Send Original to CAACI Make additional photocopies as required

Aircraft operator:			Precipitation: None: Rain:	
Aircraft type & series	5:		Bird species/description (e.g. Cattle egret,	Swallow)
Aircraft reg				
Date (dd/mm/yy):			If you are not certain of the bird species, p	
Time (local) Hrs (24hr)		send a copy of this form and any remains (e.g. a wing, but even the smallest remains are useful) to:		
Dawn Day Dus	sk Night		The CIAA. Please mark the container 'Bird	d Remains
Aerodrome:				
Runway in use:		_	Bird remains sent for identification: Yes	No
Height (agl):	(ft)		Number of birds:	
Speed (ias):	(kts)		Seen Struck*(enter actual numb	oer if known
Position (if en route)			1	
			2-10	
Phase of flight			11-100	
Taxi	Descent		100+	
Take-off-run	Approach			
Climb	Landing roll			
En Route	Ground checks		Pilot warned of birds Yes No	
Part(s) of Aircraft	Struck (describe)	Damaged*	Note 1: Copies of this form should be subr soon as practicable to the recipients show	
Radome	, ,		(It is not necessary to wait for confirmation	
Windshield			species.)	
Nose (if not one of the a	above)			

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Appendix A – Occurrence Report Form		Manual of Mandatory Occurrence	Manual of Mandatory Occurrence Reporting	
Engine nos:	1	Aerodrome		
	2	Aircraft Operator		
	3	Civil Aviation Authority		
	4	Bird Strike Avoidance Team (if ic	dentification required)	
Propeller				
Wing/rotor (inc high lift devices)		Remarks and other relevant infor	Remarks and other relevant information*	
Fuselage				
Landing Gear				
Tail				
Lights				
Other (specify*)				
Effect on flight				
None	Return			
Aborted	Diverted			
Other		Reporter Details		
		Name:		
Other Reports raised		Employer:		
Mandatory Occurrence	e Report (MOR)			
Other* (specify)		Telephone no.:		
		Date: / /		

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