

Occurrence Report

EASA.21J.603

Doc.: N/A

Date: N/A

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Location, Date and Time of Occurrence	Date:	Location:
	Time (UTC):	Country:

Reported by			
Family Name:	First Name:	Present Stay:	Phone Number:

Aircraft			
Registration:	Callsign:	State of Registry:	
Manufacturer:	Type:		
Serial Number:	In Occurrence involved person:		
Total Hours:	Total Landings:		
<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Glider <input type="checkbox"/> Motorglider	<input type="checkbox"/> TMG <input type="checkbox"/> Other	
Other Aircraft involved			
Registration:	Callsign:	State of Registry:	

Operator	Name:	State of Operator:
	Address or Operator:	

Defect/Malfunction/Failure on Aircraft or Components			
<input type="checkbox"/> Technical Occurrence on Aircraft		<input type="checkbox"/> Maintenance, Repair, Manufacture	
In case a Component is involved			
Manufacturer:	Model, Part Name and Part No.:	Serial No.:	
Time and/or Cycles since Overhaul TSO/CSO		Time and/or Cycles since TSN/CSN	
Hrs:	Cyc:	Hrs:	Cyc:

Aircraft Weights	
Total Mass [kg]:	Fuel on Board [litre-kg]:

Remark: Relevant at time of occurrence

Injuries			
Number of Persons on Aircraft	Number of Injured Persons		
	Severely	Deadly Injured:	Unknown:

		Injured:		
Crew:				
Passengers:				
Others, e.g. on ground:				

Damage			
<input type="checkbox"/> Aircraft destroyed	<input type="checkbox"/> Aircraft damaged	<input type="checkbox"/> No damage to Aircraft	<input type="checkbox"/> Unknown
Damage to Third Parties:			

Detection Phase		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Scheduled Maintenance	<input type="checkbox"/> Non-scheduled Maintenance
<input type="checkbox"/> Standing	<input type="checkbox"/> Taxi	<input type="checkbox"/> Take-off
<input type="checkbox"/> Glider Towing	<input type="checkbox"/> Winch Launching	<input type="checkbox"/> Self Launching
<input type="checkbox"/> Climb	<input type="checkbox"/> En-route	<input type="checkbox"/> Descent
<input type="checkbox"/> Approach	<input type="checkbox"/> Landing	<input type="checkbox"/> Others (e.g. aerobatic)
<input type="checkbox"/> Manoeuvring	<input type="checkbox"/> Unknown	

Flight Details		
Route of Flight	Departure Aerodrome:	Planned Destination:
	Landed at Point:	Actual Flight Time:
Phase of Flight	IAS [kts-km/h]:	Altitude [ft-m]:
Flightrules	<input type="checkbox"/> VFR Day	<input type="checkbox"/> VFR Night
	<input type="checkbox"/> SVFR	<input type="checkbox"/> IFR

Weather Conditions and Light Intensity		
<input type="checkbox"/> CAVOK	<input type="checkbox"/> VMC	<input type="checkbox"/> IMC
<input type="checkbox"/> Daylight	<input type="checkbox"/> Twilight	<input type="checkbox"/> Night/Moonlight
<input type="checkbox"/> Night/Dark	<input type="checkbox"/> unknown	
Wind:	Visibility:	Precipitation:
Clouds:	OAT:	QNH:

Description of the Occurrence including Information about relevant Procedures, Equipment and about Damages and Injuries:

Attachments to this occurrence report (mandatory are pictures form three sides of the damage):

☐ I hereby certify that the above statements are true and correct to the best of my knowledge

Date:

Name:

Summit this occurrence report via email (ocr@md-flugzeugbau.de) or postal to M&D Flugzeugbau GmbH & Co. KG, Streeker Str. 5b, D-26446 Friedeburg

To be filled out by M&D Flugzeugbau, if this occurrence report is completed

Signature CVE

Signature HOA