

<b>Location, Date and Time of Occurrence</b>	<b>Date:</b>	<b>Location:</b>
	<b>Time (UTC):</b>	<b>Country:</b>

Reported by			
<b>Family Name:</b>	<b>First Name:</b>	<b>Present Stay:</b>	<b>Phone Number:</b>

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

<b>Operator</b>	<b>Name:</b>	<b>State of Operator:</b>
	<b>Address or Operator:</b>	

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			
<b>Manufacturer:</b>	<b>Model, Part Name and Part No.:</b>	<b>Serial No.:</b>	
<b>Time and/or Cycles since Overhaul TSO/CSO</b>		<b>Time and/or Cycles since TSN/CSN</b>	
<b>Hrs:</b>	<b>Cyc:</b>	<b>Hrs:</b>	<b>Cyc:</b>

Aircraft Weights	
<b>Total Mass [kg]:</b>	<b>Fuel on Board [litre-kg]:</b>

Remark: Relevant at time of occurrence

Injuries				
Number of Persons on Aircraft		Number of Injured Persons		
		Severely Injured:	Deadly Injured:	Unknown:
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
<b>Damage to Third Parties:</b>			

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](mailto: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