

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

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

<b>Aircraft</b>					
<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	
<b>Other Aircraft involved</b>					
<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>	

<b>Defect/Malfunction/Failure on Aircraft or Components</b>					
<input type="checkbox"/> Technical Occurrence on Aircraft			<input type="checkbox"/> Maintenance, Repair, Manufacture		
<b>In case a Component is involved</b>					
<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>	

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

Remark: Relevant at time of occurrence

<b>Injuries</b>	
<b>Number of Persons on Aircraft</b>	<b>Number of Injured Persons</b>

		Severely Injured:	Deadly Injured:	Unknown:
<b>Crew:</b>				
<b>Passengers:</b>				
<b>Others, e.g. on ground:</b>				

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		
<b>Route of Flight</b>	<b>Departure Aerodrome:</b>	<b>Planned Destination:</b>
	<b>Landed at Point:</b>	<b>Actual Flight Time:</b>
<b>Phase of Flight</b>	<b>IAS [kts-km/h]:</b>	<b>Altitude [ft-m]:</b>
<b>Flightrules</b>	<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	
<b>Wind:</b>	<b>Visibility:</b>	<b>Precipitation:</b>
<b>Clouds:</b>	<b>OAT:</b>	<b>QNH:</b>

**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):**

<input type="checkbox"/> I hereby certify that the above statements are true and correct to the best of my knowledge	<b>Date:</b>	<b>Name:</b>
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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
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