CANADIAN RPAS ASSOCIATION

INCIDENT REPORT FORM

Report occurrences to the association's safety program within 72 hours.

REPORTER

Name: _____ Certificate no.: _____

Email / phone: _____

OCCURRENCE

Date / time (local): _____ Location: _____

Aircraft type / registration: _____ Phase of flight: _____

Weather at the time: _____

DESCRIPTION OF EVENTS

_____

_____

_____

_____

_____

OUTCOME (CHECK ALL THAT APPLY)

- ☐ Injury to any person
- ☐ Property damage
- ☐ Aircraft damaged or lost
- ☐ Unintended airspace incursion
- ☐ Loss of control link / flyaway
- ☐ Near miss with another aircraft

FOLLOW-UP

- ☐ Reportable to Transport Canada / TSB under CARs 901.49 — report filed

Corrective actions taken or planned: _____

_____

Signature: _____ Date: _____