



Accident/Incident Report

Date:

Time:

Club/Venue: Model Make:

Member / Pilot: Model Type:

Pilot Qualification: Model Size:

SAMAA No.: Motor:

Radio Make:

Radio Frequency in Use:

Brief description of incident/accident (draw sketch on a separate sheet, showing flight line, runaways and position of accident/incident)

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Reasons for incident/accident:

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Recommended preventative and corrective measures or actions to be taken to prevent future similar incidents:

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Information (General)

Cause of Incident / Accident:

Radio Interference	<input type="checkbox"/>	Structural Failure	<input type="checkbox"/>	Range Problem	<input type="checkbox"/>
Disorientation	<input type="checkbox"/>	Misjudgment	<input type="checkbox"/>	Pilot Error	<input type="checkbox"/>
Field Layout	<input type="checkbox"/>	Pilot's lack of skill	<input type="checkbox"/>	Weather	<input type="checkbox"/>
Not Following Rules	<input type="checkbox"/>	Inadequate Rules	<input type="checkbox"/>	Negligence	<input type="checkbox"/>

Other Specify:
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Were the following checks done? (Circle where done)

Linkage Check	Battery Check	Frequency check/reserved
Model Selected	Range Check	Control Surface Movement
Pre-Flight Check	Transmitter Aerial Out	Wind Direction
Runway Clear	Take Off Announced	

Number of Pilots flying:

Frequencies of other Radio's in use at time: (1)
(2)
(3)

Weather

Wind SpeedKph

Wet	<input type="checkbox"/>		Dry	<input type="checkbox"/>
Cloud Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Visibility Good		<input type="checkbox"/>	Wind On: Yes	<input type="checkbox"/>
Average		<input type="checkbox"/>	Runway: No	<input type="checkbox"/>
Bad		<input type="checkbox"/>		

Signature of Member:

Print Name:

SAMAA No.:

Proficiency Rating:.....

Club / Safety Committee Comments:

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Signature of Committee Member: Position:

Print Name: SAMAA No.:

On completion send this form to the General Manager SAMAA