



## Occurrence Report - Adventure Aviation Skydiving Operations

The purpose of submitting occurrence information and information derived from safety investigations is to improve aviation safety. The data from these reports are critical to determining areas of risk, monitoring trends over time and - most importantly - learning how to reduce the risk of accidents occurring. This form has been designed specifically for **skydiving operations** in the adventure aviation sector. Its purpose is to collect the information important to safety in this sector, and to assist operators in determining the causal factors behind occurrences so that lessons can be learned.

Occurrence Date:	<input type="text" value="Click here to enter a date."/>	Time:	<input type="text"/>	Location:	<input type="text"/>	Reg no.:	<input type="text"/>
Equipment make/model:	<input type="text"/>		Operator Name:	<input type="text"/>		Client ID:	<input type="text"/>
POB:	<input type="text"/>	Fatal Injuries:	<input type="text"/>	Serious Injuries:	<input type="text"/>	Minor Injuries:	<input type="text"/>

### Operational Details

<b>Nature of flight</b>	<input type="checkbox"/> Tandem	<input type="checkbox"/> Solo	<input type="checkbox"/> Training	<input type="checkbox"/> Camera
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<b>Flight phase</b>	<input type="checkbox"/> Exit	<input type="checkbox"/> Take-off	<input type="checkbox"/> Climb	<input type="checkbox"/> Cruise
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<b>Incident Type</b>	<input type="checkbox"/> Tension knots	<input type="checkbox"/> Line twists	<input type="checkbox"/> Line over	<input type="checkbox"/> Other canopy malfunction	<input type="checkbox"/> Hard landing
	<input type="checkbox"/> Low turn	<input type="checkbox"/> Equipment failure		<input type="checkbox"/> Out landing	<input type="checkbox"/> Collision
	<input type="checkbox"/> Stall	<input type="checkbox"/> Other		Camera footage of incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Equipment Info</b>	Main:	No. of jumps:	Pilot total no. of jumps/flights:
	Lines:	No. of jumps:	Pilot no. of jumps/flights last 90 days:
	Rig No. of jumps:		

### Description of the Occurrence - please provide an account of what took place

### Causal factors and action taken

<b>Submitter name</b>	<input type="text"/>	<b>Contact number</b>	<input type="text"/>
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Thank you - you can also get this Form from the [CAA Website](#) and email to [report@mcaa.gov.mn](mailto:report@mcaa.gov.mn).