

Serial No.
(Office use only)

British Hang Gliding
and Paragliding
Association Ltd

The Old Schoolroom
Loughborough Road
Leicester LE4 5PJ

Tel 0116 261 1322
24 hour answering
Fax 0116 261 1323



BHPA

Incident Report Form

It is a legal requirement and your duty as a BHPA member to report air incidents. Fatal or potentially fatal incidents must be reported to the BHPA, Air Accident Investigation Branch (AAIB) and Police immediately. Serious incidents should be reported to the BHPA as soon as possible and in all cases an Incident Report Form should be sent to the BHPA within 48 hours.

BHPA Technical Officers: 01937 585587 or 01792 469244
BHPA Office: 0116 261 1322, office@bhpa.co.uk, www.bhpa.co.uk
AAIB (24 hours): 01252 512299

Report incidents if any of the following apply:

- Involve injury, whether to participants or others.
- Involve damage to property, third party or not.
- May give rise to an insurance or legal claim.
- Involve non-standard equipment or techniques.
- Involve failed or malfunctioned equipment.
- Highlight safety points or were unusual.
- You feel the sport may learn from.

Person involved

Name	BHPA <input type="checkbox"/> BMAA <input type="checkbox"/> Membership / Intro. Cert. No.	
Address	Post code	
Email	Telephone Home	Mobile
Nationality	Gender M/F ____	Age ____ Weight (kg) ____ Clip in weight (kg) ____
Ratings: None <input type="checkbox"/> Under training <input type="checkbox"/> CP <input type="checkbox"/> P <input type="checkbox"/> AP <input type="checkbox"/> Dual <input type="checkbox"/> Instructor <input type="checkbox"/>	IPPI levels: Safepro ____ Parapro ____	
Date last rating attained	Time since last flown	
Experience: Years ____	Flying hours ____	Hours on type ____ Total flights ____
Trained by: BHPA Instructor <input type="checkbox"/> BMAA Instructor <input type="checkbox"/> Other Instructor ____	<input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/>	
Training School	Current club	

Incident details

Discipline: HG <input type="checkbox"/> PG <input type="checkbox"/> PA <input type="checkbox"/>	Date	Time
Country	Name of site	
Wind direction: Best for site ____	On the day ____	
Launch: Hill: Assisted <input type="checkbox"/> Forward <input type="checkbox"/> Reverse <input type="checkbox"/>	Tow: Winch <input type="checkbox"/> Vehicle <input type="checkbox"/> Aerotow <input type="checkbox"/>	Power <input type="checkbox"/>
Wind speed mph: 0-7 <input type="checkbox"/> 8-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-21 <input type="checkbox"/> 22-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 30+ <input type="checkbox"/>		
Weather: Smooth/steady <input type="checkbox"/> Variable <input type="checkbox"/> Gusts <input type="checkbox"/> Thermic <input type="checkbox"/> Turbulent <input type="checkbox"/>		
Incident during: Take-off <input type="checkbox"/> Tow <input type="checkbox"/> Free flight <input type="checkbox"/> Powered flight <input type="checkbox"/> Thermalling <input type="checkbox"/> SIV <input type="checkbox"/> Acro <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/>		

Injuries

Person/s injured: Pilot 1 <input type="checkbox"/> Pilot 2 <input type="checkbox"/> 2nd pilot (dual) <input type="checkbox"/> Ground crew <input type="checkbox"/> Course member <input type="checkbox"/> Third party <input type="checkbox"/>		
Injuries sustained		
Medical: Casualty dept. <input type="checkbox"/> Hospital admission <input type="checkbox"/> Name of hospital and town:		

Equipment

Glider/canopy: HG <input type="checkbox"/> PG <input type="checkbox"/> Manufacturer	Model	Size
Bought: New <input type="checkbox"/> Secondhand <input type="checkbox"/>	Total flying hours	Date of manufacture
Certified by: DHV <input type="checkbox"/> LTF <input type="checkbox"/> CEN <input type="checkbox"/> Certification grade (e.g. A, B, 1, 2/3, etc.) ____	BHPA <input type="checkbox"/> HGMA <input type="checkbox"/> Registered Prototype <input type="checkbox"/> Registered Grandfathered <input type="checkbox"/> Not certified <input type="checkbox"/>	
Modifications (list)	Accessories	
Power unit: Manufacturer	Model	Age ____ Modifications
Harness: Manufacturer	Type	Padding type
Helmet type: None <input type="checkbox"/> Open face <input type="checkbox"/> Full face <input type="checkbox"/> CE966 approved? ____		
Emergency parachute: Manufacturer	Model	Age ____ Size ____
Deployment at height agl ____ metres	Successful deployment <input type="checkbox"/> Failed deployment <input type="checkbox"/> Accidental deployment <input type="checkbox"/>	

Narrative report

- Please write clearly, preferably in black ink.
- Provide as much factual information as possible.
- Provide sketches opposite.
- Continue on a separate sheet if necessary.

What led up to the incident?

What was the student/pilot briefed to do (or what did he say he would do)?

Describe the incident:

What happened after the incident? (Include medical diagnosis.)

Contributory factors

Tick the box/es for any factors which you think may have contributed.

Inexperience	<input type="checkbox"/>	<input type="checkbox"/>	Turbulence	<input type="checkbox"/>	<input type="checkbox"/>	Overconfidence	<input type="checkbox"/>	<input type="checkbox"/>	Traffic density	<input type="checkbox"/>	<input type="checkbox"/>
High wind	<input type="checkbox"/>	<input type="checkbox"/>	Stall/tuck	<input type="checkbox"/>	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	
Low wind	<input type="checkbox"/>	<input type="checkbox"/>	Confusion/froze	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient lookout	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Sketch of incident

Side and/or plan view sketches as appropriate

SCHOOL-BASED INCIDENTS ONLY

For any incident or accident at a BHPA registered school this section is to be completed. Serious incidents/accidents are to be reported by telephone immediately. This report form must be posted to the BHPA office within 48 hours.

At the time of the incident

Who was the duty Instructor/Instructor in charge?

Who was supervising the 'incident' group?

What ratings are held?

Who was driving/operating the tow unit?

What ratings are held?

Was a separate tensiometer reader carried?

Separate observer carried?

Anchor man used?

What length tow line was used?

What line material?

What type of communications were used?

What training aids were used?

How many students were being trained?

How many students were in the 'incident' group?

What training exercise was the student attempting?

No. of flights on this exercise?

Student's training history

Type of course student was on: Intro EP CP Refresher Soaring XC SIV Acro Other

Previous School attended (if any)

No. of days on this course

Total no. of training days

What was the student's previous training exercise?

No. of flights on the previous exercise?

On what date?

Details of the student's two most recent theory sessions:

Date	Subject	Duration	Venue (outdoor, vehicle, clubroom, etc)	Name of tutor
1				
2				

Additional contact information

WITNESSES	1: Name	Telephone	
	Address		Postcode
	2: Name	Telephone	
	Address		Postcode
THIRD PARTIES	1: Name	Telephone	
	Address		Postcode
	Description of injury/damage		
	2: Name	Telephone	
	Address		Postcode
	Description of injury/damage		

Signature

- Completed the report as fully as possible?
- Print your name, sign and date it.
- Post to the BHPA Office in the reply paid envelope.

Name	Signed	Date
If different person from front page: Membership No.		
Address		
Postcode	Telephone	

The PDF version of this form may be downloaded from: www.bhpa.co.uk/members/forms

BHPA OFFICE USE ONLY

I.O. assessment:			
Injury category:	Nil <input type="checkbox"/>	Minor <input type="checkbox"/>	Serious <input type="checkbox"/> Fatal <input type="checkbox"/>
Cause:			
Received:	Acknowledged:	Serial No.:	BHPA - IR 04/09