

NMAS INCIDENT REPORT FORM

In the event of an injury / 3rd Party Damage / Insurance Claim - Use MAAA FORM 10 AND 11

Member Details

Date of incident: ____/____/____ Name of Member: _____
MAAA Number: _____ Phone Number: _____

Incident Details

Weather Conditions: _____ Wind Direction: _____
Type of Incident: _____
Apparent Cause: _____

Other: _____

Location of Incident - Indicate the incident location on the map on the reverse side of this form.

In Field Leased area? Y / N In Outfield beyond fences? Y / N
In the Pit Area Y / N In No Fly Areas. IE carpark? Y / N
In vicinity of Flight Line Y / N Number pilots on Flight line _____
Decribe where the incident took place _____

Type of Aircraft

Aircraft Type: IE Drone _____ Material Construction _____
Aircraft Model: IE Trainer _____
Wingspan _____
Electric [] IC [] Turbine [] Heavy Model Y / N
Scratch Built [] Kit [] ARF [] Kill Switch installed/utilised Y / N
Was a mechanical / control check done prior to flight Y / N

Radio Details

Radio Make: _____ Receiver Make: _____
Range Check First Flight Y / N Batteries Charged prior to flight Y / N
Num. of Flights Prior On Day of incident _____

Post Incident Review

Result Post Incident Investigation: _____

Recommended Actions: _____

Signed:

Date: ____/____/____

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Signed:

Date: ___/___/___