



COMPETITION ACCIDENT OR INCIDENT REPORT FORM

COMPETITION DETAILS

| | |
|------------------|-----------------------------|
| Competition name | No of competing pilots |
| Dates | No of certified gliders |
| Country | Tasks flown |
| Site | Total km flown (All Pilots) |

PILOT INVOLVED

| | |
|------------------------------------|------------------------------------|
| Nationality | Weight |
| Sex | Take-off weight |
| Age | |
| WPRS <input type="checkbox"/> 100≤ | <input type="checkbox"/> 101–500 |
| <input type="checkbox"/> 101–500 | <input type="checkbox"/> 501–1000 |
| <input type="checkbox"/> 501–1000 | <input type="checkbox"/> 1001–2000 |
| <input type="checkbox"/> 1001–2000 | <input type="checkbox"/> >2000 |
| <input type="checkbox"/> >2000 | <input type="checkbox"/> none |
| <input type="checkbox"/> none | |

INCIDENT DETAILS

| | | | |
|------|---------|---------------|------------------------|
| Date | Task no | Level (1,2,3) | Distance Flown in Task |
|------|---------|---------------|------------------------|

| | | |
|---|--|---|
| Incident during: <input type="checkbox"/> Take-off <input type="checkbox"/> Tow <input type="checkbox"/> Straight flight <input type="checkbox"/> Straight flight full speed | <input type="checkbox"/> Thermalling <input type="checkbox"/> Acro <input type="checkbox"/> Approach <input type="checkbox"/> Landing | Part of the task: <input type="checkbox"/> At the start gate <input type="checkbox"/> On course <input type="checkbox"/> Last leg to ESS <input type="checkbox"/> Between ESS and goal |
|---|--|---|

| | |
|---------------------------------|-------------------------------------|
| Emergency deployment: | |
| <input type="checkbox"/> None | <input type="checkbox"/> Successful |
| <input type="checkbox"/> Failed | <input type="checkbox"/> Accidental |

| | |
|----------------------------------|--------------------------------|
| Injuries: | |
| <input type="checkbox"/> Nil | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Fatal |

| | | |
|--|-------------------------------------|---------------------------------------|
| Services used: | | |
| <input type="checkbox"/> 1 st Aid | <input type="checkbox"/> Mtn Rescue | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Helicopter | <input type="checkbox"/> Police | <input type="checkbox"/> Fire brigade |

CONTRIBUTORY FACTORS

Wing behaviour (Mark all relevant factors. If possible, number the sequence.)

| | | | |
|---|--|---|--------------------------------|
| Paragliding | | Hang Gliding | |
| <input type="checkbox"/> Collapse | <input type="checkbox"/> Spiral | <input type="checkbox"/> Structural Failure | <input type="checkbox"/> Spin |
| <input type="checkbox"/> Collapse (low level) | <input type="checkbox"/> Cravat | <input type="checkbox"/> Wire Failure | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stall | <input type="checkbox"/> Line break | <input type="checkbox"/> Tuck | <input type="checkbox"/> |
| <input type="checkbox"/> Parachutal | <input type="checkbox"/> Canopy damage | <input type="checkbox"/> Tumble | <input type="checkbox"/> |
| <input type="checkbox"/> Spin | <input type="checkbox"/> Other | <input type="checkbox"/> Stall | <input type="checkbox"/> |

| | | | |
|--|--------------------------------------|-------------------------------------|--------------------------------|
| Weather Factors | | | |
| <input type="checkbox"/> High Wind | <input type="checkbox"/> Strong lift | <input type="checkbox"/> Lee | <input type="checkbox"/> Rain |
| <input type="checkbox"/> Overdevelopment | <input type="checkbox"/> Turbulence | <input type="checkbox"/> Wind Shear | <input type="checkbox"/> Other |

| | | | |
|--|---|---------------------------------------|---|
| Pilot behaviour | | | |
| <input type="checkbox"/> Confusion/Froze | <input type="checkbox"/> Overconfidence | <input type="checkbox"/> Cloud Flying | <input type="checkbox"/> Midair Collision |

Aggressive Flying Insufficient Lookout Fatigue Inexperience

EQUIPMENT

Glider: Manufacturer Model Size

Certification: Type Grade Prototype/Competition (not certified)

Harness: Manufacturer Type Protector type/size Certified?

Helmet: None Open face Full face Certified?

Emergency parachute: Manufacturer Model Age Size

NARRATIVE REPORT

What led up to the incident? (include other pilots' feeling/opinions)

Describe the incident (include witness comments)

What happened after the incident? (include rescue services response time, medical diagnosis)