

Reporting Form

Kind of report:		
<input type="checkbox"/> Flugschüler	<input type="checkbox"/> Fluglehrer	<input type="checkbox"/> Privatpilot
<input type="checkbox"/> Berufspilot	<input type="checkbox"/> Flugdienstleiter	<input type="checkbox"/> Flugplatzchef
<input type="checkbox"/> Privatperson	<input type="checkbox"/>	

Area of occurrence:		
<input type="checkbox"/> Documentation: <input type="checkbox"/> Flubag Documentation <input type="checkbox"/> Manuals <input type="checkbox"/> Syllabi <input type="checkbox"/> Other	<input type="checkbox"/> Ground Operations: <input type="checkbox"/> Fueling <input type="checkbox"/> Passenger <input type="checkbox"/> Para OPS <input type="checkbox"/> Emergency <input type="checkbox"/> Other	<input type="checkbox"/> Flight Operations: <input type="checkbox"/> Aircraft rolling <input type="checkbox"/> Aircraft flying <input type="checkbox"/> ATC/RTF <input type="checkbox"/> Authorities <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Passenger <input type="checkbox"/> Performance <input type="checkbox"/> Procedure <input type="checkbox"/> Technical <input type="checkbox"/> Other
<input type="checkbox"/> Hazard Identification	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Safety
<input type="checkbox"/> Technical	<input type="checkbox"/> Training	<input type="checkbox"/> Other

Reporter:	
First Name:	Last Name:

Title:

Aircraft registration:

Flight phase:		
<input type="checkbox"/> Pre-flight inspection/Parking	<input type="checkbox"/> Taxi out	<input type="checkbox"/> Take-off
<input type="checkbox"/> Initial climb	<input type="checkbox"/> Climb	<input type="checkbox"/> Cruise
<input type="checkbox"/> Descent	<input type="checkbox"/> Approach	<input type="checkbox"/> Landing
<input type="checkbox"/> Go around	<input type="checkbox"/> Taxi-in	<input type="checkbox"/> Post flight
<input type="checkbox"/> Other		

Departure:

Destination:

Place of occurrence:

Location/Position/Runway:

Date & time of event (UTC):

Total number of persons on board:

Emergency declared:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

ATC declared:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Text: