

OCCURRENCE REPORTING FORM Civi Aviation Agency Republic of North Macedonia

* When completed, send by e-mail to safetyreport@caa.gov.mk Department for SAR and investigation of incidents and occurrences, Aerodromes and Air Navigation Division

Individual

OCCURRENCE

WHEN/WHERE

UTC date* (477)		YYYY/MM/DD
UTC time (478)		HH:mm
Local date* (433)		YYYY/MM/DD
Local time (457)		HH:mm
State/area of occ* (454)		
	Level1	Level2
	Level3	Text
Location name* (440)	LEVEID	TEXE

WHAT

Headline* (601)

SEVERITY

Injury level (451) Highest damage (432)

OPERATIONAL INFORMATION

Weather relevant (606) Weather conditions (127)

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AIRCRAFT

AIRCRAFT IDENTIFICATION

Aircraft registration* (244)		
State of registry* (281)		
Aircraft category* (32)		
Manufacturer/model* (21)	Level1	Level2
	Level3	Level4
	Level1	Level2
	Level3	Level4
	Text	
Serial number* (254)		
Year built (327)		
Call sign* (54)		
Operator* (215)		
	Level1	Level2
	Text	

FLIGHT DETAILS

Last departure point* (167)		
	Level1	Level2
Planned destination* (228)	Text	
	Level1	Level2
	Text	

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Operation type* (214)		
	Level1	Level2
	Level3	
Flight phase* (121)		
Occ. on ground (213)		
Current flight rules (79)		

NARRATIVE

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Narrative language* (424) Narrative text* (425)

AIR SPACE

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Airspace type (15)

Airspace class (13)

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