



CIVL Incident Report Form Serial No.

<p>Reportable incidents are those which:</p> <ol style="list-style-type: none"> 1. Involve injury, whether to participants or others. 2. Involve damage to property, whether 3rd party or not. 3. May cause an insurance or legal claim. 4. Involve the use of non-standard equipment or techniques. 5. Involve failed or malfunctioned equipment. 6. Highlight safety points or situations that were unusual. 7. You feel the sport may learn from. 	<p>Actions after injury or fatality:</p> <ol style="list-style-type: none"> 1. Administer 1st Aid. 2. Call relevant Emergency Services. 3. Photograph or sketch equipment - do not move or test 4. Take names and addresses of witnesses. 5. Have witnesses write down what they <u>saw</u>. 6. Inform next of kin, or ensure Police do. 7. Send to the CIVL office within 24 hours/online
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Contact telephone numbers:	Name of Competitor:
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Details of person injured or involved	Address
Name	Post code Telephone (home) (work)

FAI Sporting Licence Number: _____

Male/Female I Age' I Clip in I Intro. Certificate No.

		Weight								
		Beginner	EP	CP	P	AP	Dual	Instructor	Date current rating attained	
Ratings (tick)	HG								HG:	
	PG								PG:	

		Years	Flying hours		Flight totals	Hours on current type	Time since last flown	Basic training by (tick)	
			Tow	Self				School	
Experience (tick)	HG							Friend	
	PG							Self	

Name of training School Current club

Incident details I Date Time Time of arrival on site

Name of Site Best wind direction Wind direction on the day

Launch - Hill:	Assisted										
	Forward										
	Reverse										
Tow:	Winch										
	Veh./boat										
	Aero										
Power:											

Person/s injured - Pilot 1 Pilot 2 2nd pilot(dual) Ground crew

Injuries sustained _____

Services called: 1st Aid Ambulance Police Fire Brigade

Course member 3rd party

Mtn Rescue Helicopter

Medical: Casualty Hospital admission Name of hospital and town _____

Equipment Glider/canopy: Make _____

Size(m²) _____

Model _____

Bought: New 2nd hand Total flying hrs | _____ I Date of manufacture _____

Certification: HG BHPA P1 DHV **HGMA** Registered Prototype P1 Reg. Grandfathered
PG BHPA DHV CEN Registered Prototype Reg. Grandfathered

Any modifications?(list)

Accessories

Engine Type

Harness: Make

Helmet: Make

Emergency parachute: Make

Model

Size

Model Age