

Serial No:  
(Office use only)

Paragliding  
Association of India

Nizari Bhavan, 5thFloor, Menezes Braganza Road,  
PO Box 143, Panaji, - 403001, GOA



# Incident Report Form

It is a legal requirement and your duty as a PAI member to report all air incidents. Fatal or potentially fatal incidents must be reported to the PAI Managing Committee and the local Police immediately. Serious incidents should be reported to the PAI as soon as possible and in all cases an Incident Report Form should be sent to the PAI within 48 hours.

PAI Secretariat: secretary@pgaioi.org  
PAI Zonal Vice President

## Report incidents if any of the following apply:

- Involve injury, whether to participants or others.
- Involve damage to property, third party or not.
- May give rise to an insurance or legal claim.
- Involve non-standard equipment or techniques.
- Involve failed or malfunctioned equipment.
- Highlight safety points or were unusual.
- You feel the sport may learn from.

## Person involved

Name:	PAI Membership No:		
Address			Pin code
Email	Whatsapp no.	Mobile	
Nationality	Gender M/F ____	Age ____	Weight (kg) ____ Clip in weight (kg) ____
PAI Ratings: None <input type="checkbox"/>	under training <input type="checkbox"/>	P3 <input type="checkbox"/>	P4 <input type="checkbox"/> P6 <input type="checkbox"/> Instructor <input type="checkbox"/> IPPI levels: _____
Date last rating attained	Time since last flown		
Experience: Years _____	Flying hours _____	Hours on type _____	Total flights _____
Trained by: PAI Affiliated School <input type="checkbox"/>	APPI Instructor <input type="checkbox"/>	Other Instructor _____ <input type="checkbox"/>	Friend <input type="checkbox"/> Self <input type="checkbox"/>
Training School:	Current club:		

## Incident details

Discipline: PG <input type="checkbox"/>	PPG <input type="checkbox"/>	HG <input type="checkbox"/>	Date:	Time
Country:	Name of site:			
Wind direction: Best for site _____	On the day _____			
Launch: Hill: Assisted <input type="checkbox"/>	Forward <input type="checkbox"/>	Reverse <input type="checkbox"/>	Tow: Payout Winch <input type="checkbox"/>	Static Winch <input type="checkbox"/> PPG <input type="checkbox"/>
Wind speed Kmph: 0-7 <input type="checkbox"/>	8-12 <input type="checkbox"/>	13-17 <input type="checkbox"/>	18-21 <input type="checkbox"/>	22-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 30+ <input type="checkbox"/>
Weather: Smooth/steady <input type="checkbox"/>	Variable <input type="checkbox"/>	Gusts <input type="checkbox"/>	Thermic <input type="checkbox"/>	Turbulent <input type="checkbox"/>
Incident during: Take-off <input type="checkbox"/>	Tow <input type="checkbox"/>	Free flight <input type="checkbox"/>	Powered flight <input type="checkbox"/>	Thermalling <input type="checkbox"/> SIV <input type="checkbox"/> Acro <input type="checkbox"/> Approach <input type="checkbox"/> Landing <input type="checkbox"/>

## Injuries

Person/s injured: Pilot 1 <input type="checkbox"/>	Pilot 2 <input type="checkbox"/>	2nd pilot (dual) <input type="checkbox"/>	Ground crew <input type="checkbox"/>	Course member <input type="checkbox"/>	Third party <input type="checkbox"/>
Injuries sustained					
Medical: Casualty dept. <input type="checkbox"/>	Hospital admission <input type="checkbox"/>	Name of hospital and town:			

## Equipment

Glider/canopy: HG <input type="checkbox"/>	PG <input type="checkbox"/>	Manufacturer	Model	Size
Bought: New <input type="checkbox"/>	Secondhand <input type="checkbox"/>	Total flying hours	Date of manufacture	
Certified by: DHV <input type="checkbox"/>	LTF <input type="checkbox"/>	CEN <input type="checkbox"/>	Certification grade (e.g. A, B, 1, 2/3, etc.) _____	
Airworthiness report available <input type="checkbox"/>		Registered Prototype <input type="checkbox"/>	Not certified <input type="checkbox"/>	
Modifications (list)			Accessories	
Power unit: Manufacturer	Model	Age ____	Modifications	
Harness: Manufacturer	Type	Padding type		
Helmet type: None <input type="checkbox"/>	Open face <input type="checkbox"/>	Full face <input type="checkbox"/>	CE966 approved? _____	
Emergency parachute: Manufacturer	Model	Age _____	Size _____	
Deployment at height agl _____ metres	Successful deployment <input type="checkbox"/>	Failed deployment <input type="checkbox"/>	Accidental deployment <input type="checkbox"/>	

## Narrative report

- Please write clearly, preferably in black ink.
- Provide as much factual information as possible.
- Provide sketches opposite.
- Continue on a separate sheet if necessary.

What led up to the incident?

What was the student/pilot briefed to do (or what did he say he would do)?

Describe the incident:

What happened after the incident? (Include medical diagnosis.)

## Contributory factors

Tick the box/es for any factors which you think may have contributed.

Inexperience	<input type="checkbox"/>	<input type="checkbox"/>	Turbulence	<input type="checkbox"/>	<input type="checkbox"/>	Overconfidence	<input type="checkbox"/>	<input type="checkbox"/>	Traffic density	<input type="checkbox"/>	<input type="checkbox"/>
High wind	<input type="checkbox"/>	<input type="checkbox"/>	Stall/tuck	<input type="checkbox"/>	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____	
Low wind	<input type="checkbox"/>	<input type="checkbox"/>	Confusion/froze	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient lookout	<input type="checkbox"/>	<input type="checkbox"/>	_____		

## Sketch of incident

Side and/or plan view sketches as appropriate

## SCHOOL-BASED INCIDENTS ONLY

For any incident or accident at a PAI affiliated school this section is to be completed. Serious incidents/accidents are to be reported by telephone/ whatsapp immediately. This report form must be posted to the PAI office within 48 hours.

### At the time of the incident

Who was the duty Instructor/Instructor in charge?

Who was supervising the 'incident' group?

What ratings are held?

Who was driving/operating the tow unit?

What ratings are held?

Was a separate tensiometer reader carried?

Separate observer carried?

Anchorman used?

What length tow line was used?

What line material?

What types of communications were used?

What training aids were used?

How many students were being trained?

How many students were in the 'incident' group?

What training exercise was the student attempting?

No. of flights on this exercise?

### Student's training history

Type of course student was on: Intro  P2  P3  Refresher  Soaring  XC  SIV  Acro  Other

Previous School attended (if any)

No. of days on this course

Total no. of training days

What was the student's previous training exercise?

No. of flights on the previous exercise?

On what date?

Details of the student's two most recent theory sessions:

Date	Subject	Duration	Venue (outdoor, vehicle, clubroom, etc)	Name of tutor
1				
2				

## Additional contact information

<b>WITNESSES</b>	1: Name	Telephone	
	Address		Postcode
	2: Name	Telephone	
	Address		Postcode
<b>THIRD PARTIES</b>	1: Name	Telephone	
	Address		Postcode
	Description of injury/damage		
	2: Name	Telephone	
	Address		Postcode
	Description of injury/damage		

## Signature

- Completed the report as fully as possible?
- Print your name, sign and date it.
- Email/ Whatsapp to the PAI Office.

Name	Signed	Date
<b>If different person from front page:</b> Membership No.		
Address		
Postcode	Telephone	

The PDF version of this form may be downloaded from: <https://www.pgaoi.org/documents-and-forms/>

### PAI OFFICE USE ONLY

I.O. assessment:

Injury category: Nil  Minor  Serious  Fatal

Cause:

Received:

Acknowledged:

Serial No.:

PAI - IR 00/00