

PAI Powered Paragliding Incident report form



<p>General Information</p> <p>Title: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p>Location: _____</p>	<p>Pilot Information</p> <p>Pilot Name: _____</p> <p>Age: _____ Gender: _____</p> <p>Pilot weight (without motor): _____</p> <p>Rating: _____</p> <p>Experience: _____</p>
<p>Equipment information</p> <p>Motor: _____</p> <p>Wing: _____</p> <p>Communications: _____</p> <p>Damage to Pilot's Equipment: _____</p> <p>_____</p> <p>_____</p>	<p>Safety gear used</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Helmet Full <input type="checkbox"/> Helmet Other</p> <p><input type="checkbox"/> Protective Boots <input type="checkbox"/> Knee-pads</p> <p><input type="checkbox"/> Elbow-pads <input type="checkbox"/> Wrist Guards</p> <p><input type="checkbox"/> Reserve <input type="checkbox"/> Knife</p> <p><input type="checkbox"/> Gloves <input type="checkbox"/> Strobe</p> <p><input type="checkbox"/> Unknown</p>
<p>Injuries</p> <p><input type="checkbox"/> None <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Elbow</p> <p><input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Pelvis <input type="checkbox"/> Thigh</p> <p><input type="checkbox"/> Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> Unknown</p>	<p>Injury Information</p> <p><input type="checkbox"/> Pilot <input type="checkbox"/> Passenger. Injury Severity: _____</p> <p>Hospitalisation: _____</p> <hr/> <p>Collateral Damage:</p> <p><input type="checkbox"/> None <input type="checkbox"/> By-Stander <input type="checkbox"/> Other Pilot</p> <p><input type="checkbox"/> Animal <input type="checkbox"/> Property <input type="checkbox"/> Unknown</p>
<p>Incident Detail Information</p> <p>Short description of Incident: _____</p> <p>Weather: <input type="checkbox"/> Smooth/Steady <input type="checkbox"/> Variable <input type="checkbox"/> Gusts <input type="checkbox"/> Thermic <input type="checkbox"/> Turbulent. Wind Speed: _____</p> <p>Contributing Distractions: _____</p> <p>Thermal Conditions: _____ yes/no Visibility: _____ Surface: _____</p> <p>Terrain: _____</p> <p>Site Elevation: _____ (feet above sea level)</p> <p>Phase of Flight: _____ Purpose of Flight: _____</p>	
<p>Narrative:</p>	