



Brief Title of Occurrence/Incident

5 Wharf Way, Glen Parva, Leicester LE2 9TF Tel: 0116 278 5271, e-mail: info@britishskydiving.org

PILOTS VOLUNTARY REPORTING

If report is confidential place a X in the above. Please provide a Tel. No/Addres	

The object of this paper is to encourage aircraft Operators and/or Pilots to share information, following an occurrence or incident. Identities will only be revealed with the informant's permission. Please fill in each section with as much detail as possible. If you do not wish to fill in a section, for the purpose of staying anonymous, strike a line through the section with a pen.

Airc	ircraft type Registration			Operator			Date		Time		Lo	ocatio	n/Posi	tion/R	unway			Day Night Twilight					
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DIR	SPEED MPH	TYPE	HT (ft)	8TH	RAIN	SNOW	SLEET	ГН	AIL	VISI	IBILITY		ICING	ì	TU	RBULE	NCE	DRY	WET	IC	Е	SNOW	SLUSH
					LIGHT	Γ	MOD	HE	AVY		KM	L	M	S	L	M	S	CAA C of Airf	ategory ield	P	1	11	111

Description of Occurrence/Mistake/Incident	
c	ontinue overleaf as necessary
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Description of occurrence continu	ed					
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Pilots Name	The followin				will be respected Total flying hours	
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