

ACCIDENT REPORT (1/2)

RECEIVED :

Ser. NO. : _____

Gr. Code : _____

1. SUMMARY OF ACCIDENT

DATE & TIME : _____ AM/PM _____ :
PLACE : _____
SUMMARY : _____

2. PILOT

NAME : _____ COUNTRY : _____ LICENSE NUMBER : _____
LICENSE ISSUE DATE : _____
TOTAL FLIGHT TIME : _____ h _____ min
TOTAL PIC TIME : _____ h _____ min
PIC TIME WITHIN THE LAST YEAR : _____ h _____ min

3. BALLOON

REGISTRATION NO. : _____ VOLUME : _____ CLASS : AX- _____
NAME OF BALLOON : _____
MANU. OF ENVELOPE : _____ TYPE : _____
BURNER : _____ TYPE : _____
BASKET : _____ TYPE : _____
PROPANE CYL. : _____ TYPE : _____ kg NUMBER OF USE : _____
TOTAL FLIGHT TIME : _____ h _____ min NUMBER OF FLIGHT : _____
FIRST FLIGHT DATE : _____ MONTH _____ YEAR

4. FLIGHT

NUMBER OF PERSONS IN BASKET : PIC+ _____ (P2 _____, Pu/t _____, OB _____, Pass _____)
TAKE OFF : AM/PM _____ LANDING : AM/PM _____
TOTAL FLIGHT TIME : _____ h _____ min
TOTAL TAKE-OFF WEIGHT : _____ kg FUEL WEIGHT : _____ kg
MAX. ALT. : _____ ft (m)
ESTIMATED WIND SPEED : AT TAKE OFF _____ m/s DURING FLIGHT _____ m/s (_____ ft)
AT LANDING _____ m/s

5. SUMMARY OF ACCIDENT

WHEN (Please Marks)

Layout, Inflation, Take off, Flight, Landing approach, Landing Other _____

DAMAGE

Passenger including pilot : _____
Envelope & basket : _____
Other people : _____
Other : _____

(Continued)

6. DETAIL OF ACCIDENT

*Please write details

7. PILOT COMMENTS

DATE OF ISSUE _____ SIGNATURE _____
ADDRESS _____ TEL _____

8. COMMENTS FROM INSTRUCTOR OR OFFICIAL

NAME & SIGNATURE OF INSTRUCTOR OR OFFICIAL

THANK YOU FOR YOUR COOPERATION. SAFETY COMMITTEE OF JAPAN BALLOON FEDERATION