

Appendix 1. Bird/Other Wildlife Strike Report

Form Approved OMB NO. 2120-0018

BIRD/OTHER WILDLIFE STRIKE REPORT																																																			
1. Name of Operator		2. Aircraft Make/Model		3. Engine Make/Model																																															
4. Aircraft Registration		5. Date of Incident ____/____/____ Month Day Year		6. Local Time of Incident <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk — HR — MIN <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM																																															
7. Airport Name		8. Runway Used		9. Location if En Route (Nearest Town/Reference & State)																																															
10. Height (AGL)		11. Speed (IAS)																																																	
12. Phase of Flight <input type="checkbox"/> A. Parked <input type="checkbox"/> B. Taxi <input type="checkbox"/> C. Take-off Run <input type="checkbox"/> D. Climb <input type="checkbox"/> E. En Route <input type="checkbox"/> F. Descent <input type="checkbox"/> G. Approach <input type="checkbox"/> H. Landing Roll		13. Part(s) of Aircraft Struck or Damaged																																																	
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Struck</th> <th style="text-align: center;">Damaged</th> </tr> </thead> <tbody> <tr><td>A. Radome</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>B. Windshield</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>C. Nose</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>D. Engine No. 1</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>E. Engine No. 2</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>F. Engine No. 3</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>G. Engine No. 4</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>			Struck	Damaged	A. Radome	<input type="checkbox"/>	<input type="checkbox"/>	B. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	C. Nose	<input type="checkbox"/>	<input type="checkbox"/>	D. Engine No. 1	<input type="checkbox"/>	<input type="checkbox"/>	E. Engine No. 2	<input type="checkbox"/>	<input type="checkbox"/>	F. Engine No. 3	<input type="checkbox"/>	<input type="checkbox"/>	G. Engine No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Struck</th> <th style="text-align: center;">Damaged</th> </tr> </thead> <tbody> <tr><td>H. Propeller</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>I. Wing/Rotor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>J. Fuselage</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>K. Landing Gear</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>L. Tail</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>M. Lights</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>N. Other:</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>			Struck	Damaged	H. Propeller	<input type="checkbox"/>	<input type="checkbox"/>	I. Wing/Rotor	<input type="checkbox"/>	<input type="checkbox"/>	J. Fuselage	<input type="checkbox"/>	<input type="checkbox"/>	K. Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>	L. Tail	<input type="checkbox"/>	<input type="checkbox"/>	M. Lights	<input type="checkbox"/>	<input type="checkbox"/>	N. Other:
	Struck	Damaged																																																	
A. Radome	<input type="checkbox"/>	<input type="checkbox"/>																																																	
B. Windshield	<input type="checkbox"/>	<input type="checkbox"/>																																																	
C. Nose	<input type="checkbox"/>	<input type="checkbox"/>																																																	
D. Engine No. 1	<input type="checkbox"/>	<input type="checkbox"/>																																																	
E. Engine No. 2	<input type="checkbox"/>	<input type="checkbox"/>																																																	
F. Engine No. 3	<input type="checkbox"/>	<input type="checkbox"/>																																																	
G. Engine No. 4	<input type="checkbox"/>	<input type="checkbox"/>																																																	
	Struck	Damaged																																																	
H. Propeller	<input type="checkbox"/>	<input type="checkbox"/>																																																	
I. Wing/Rotor	<input type="checkbox"/>	<input type="checkbox"/>																																																	
J. Fuselage	<input type="checkbox"/>	<input type="checkbox"/>																																																	
K. Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>																																																	
L. Tail	<input type="checkbox"/>	<input type="checkbox"/>																																																	
M. Lights	<input type="checkbox"/>	<input type="checkbox"/>																																																	
N. Other:	<input type="checkbox"/>	<input type="checkbox"/>																																																	
<i>(Specify, if "N. Other" is checked)</i>																																																			
14. Effect on Flight <input type="checkbox"/> None <input type="checkbox"/> Aborted Take-Off <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Engines Shut Down <input type="checkbox"/> Other: <i>(Specify)</i>		15. Sky Condition <input type="checkbox"/> No Cloud <input type="checkbox"/> Some Cloud <input type="checkbox"/> Overcast		16. Precipitation <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> None																																															
17. Bird/Other Wildlife Species		18. Number or birds seen and/or struck			19. Size of Bird(s) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large																																														
		Number of Birds	Seen	Struck																																															
		1	<input type="checkbox"/>	<input type="checkbox"/>																																															
		2-10	<input type="checkbox"/>	<input type="checkbox"/>																																															
		11-100	<input type="checkbox"/>	<input type="checkbox"/>																																															
		more than 100	<input type="checkbox"/>	<input type="checkbox"/>																																															
20. Pilot Warned of Birds <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			
21. Remarks <i>(Describe damage, injuries and other pertinent information)</i>																																																			
DAMAGE / COST INFORMATION																																																			
22. Aircraft time out of service: _____ hours		23. Estimated cost of repairs or replacement (U.S. \$): \$ _____		24. Estimated other cost (U.S. \$) (e.g. loss of revenue, fuel, hotels): \$ _____																																															
Reported by <i>(Optional)</i>			Title	Date																																															
<p>Paperwork Reduction Act Statement: The information collected on this form is necessary to allow the Federal Aviation Administration to assess the magnitude and severity of the wildlife-aircraft strike problem in the U.S. The information is used in determining the best management practices for reducing the hazard to aviation safety caused by wildlife-aircraft strikes. We estimate that it will take approximately <u>5 minutes</u> to complete the form. If you wish to make any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden, send those comments to the Federal Aviation Administration, Management Staff, ARP-10, 800 Independence Avenue, SW, Washington, DC 20591. The information collected is voluntary. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0045.</p>																																																			