

SRFC Incident Form

Guidance notes

Use of this form

- This form should only be used where there is injury to any person, or damage to third party property.
- It is not intended for use in the case of damage to a club members' aircraft or minor personal injury.
- Please try to fill in every box and tick all relevant options, in order that as much information as possible can be gathered in one place, thus obviating the need for repeated requests.

**If any clarification drawings or notes are required,
Please use the space below.**

Notes: Please show the positions of people, models etc relative to the patch & pits.

Incident Details

This form should be used only where third party injury or damage to property has occurred.

Name of person(s) involved in this incident	

Address	<i>Insert "N/A" if Necessary</i>
Postcode	
e-mail	
Phone inc STD	

Date of Incident

Time

Weather Conditions	Sunny	Cloudy	Low Mist	Bright	Dark
--------------------	-------	--------	----------	--------	------

Tick relevant

Wind Strength and Direction

Visibility	Good	Fair	Poor	Intermittent	
------------	------	------	------	--------------	--

Tick relevant

Name of Witness/s	
Address	
Postcode	
e-mail	
Phone inc STD	

Club Member?	Yes		No	
--------------	-----	--	----	--

Tick one

Pilot, Please explain how this incident occurred

Details of injury or damage to third party property

Name			
Address			
Post Code			
e-mail			
Phone inc STD			

Nature of Damage / Injury			
---------------------------	--	--	--

Was medical attention required?	Yes	No		<i>Tick one</i>
If yes, please detail			Hospital	Doctor
				<i>Relevant</i>

Were the Police Involved?	Yes		No		<i>Tick one</i>
If Yes, Officer's No and Crime Number					

Will this incident involve insurance claims?	Yes		No		<i>Tick one</i>
If Yes, <input style="width: 50px;" type="text" value="BMFA"/> <input style="width: 50px;" type="text" value="Other"/>	<input style="width: 50px;" type="text" value="Both"/>				<i>Tick one</i>
If 'Other' Please give details					
Insurance Company					
Claim Number					
Company's Address					
Post Code					
Tel inc STD					
If BMFA, Ref No:					

Details of the Model(s) involved

Name					
Type	Funfly	Sport	Scale	Large Scale	<i>tick one</i>
Engine	I/C	Electric	Turbine	None	<i>tick one</i>
Engine Capacity					

Name					
Type	Funfly	Sport	Scale	Large Scale	<i>tick one</i>
Engine	I/C	Electric	Turbine	None	<i>tick one</i>
Engine Capacity (ci)					

Make of Radio Equipment			
Frequency(s) (Channel Nos)			

Are the remains available for inspection?	Yes	No	<i>tick one</i>
---	-----	----	-----------------

NB: It is a requirement that remains are available for inspection. A 'no' tick will require explanation.

Defective Components AFTER Incident Including Transmitter(s)

Safety Officers' opinion,

Was any defective component likely to have caused the incident?	Yes	No
---	-----	----

If Yes, please explain reasons:

Committee: Are any further actions required ?	Yes	No
---	-----	----

If Yes, Please detail: