



BIRD OR OTHER WILDLIFE STRIKE REPORT

1. Name of Operator:	2. Aircraft Make/Model:	3. Engine Make/Model:																																																
4. Aircraft Registration & Flight No.:	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 and 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="width: 10%;">Struck</th> <th style="width: 10%;">Damaged</th> <th></th> <th style="width: 10%;">Struck</th> <th style="width: 10%;">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> <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>B. Windshield</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <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>C. Nose</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <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>D. Engine No. 1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <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>E. Engine No. 2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <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>F. Engine No. 3</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <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>G. Engine No. 4</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>N. Other: (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Struck	Damaged		Struck	Damaged	A. Radome	<input type="checkbox"/>	<input type="checkbox"/>	H. Propeller	<input type="checkbox"/>	<input type="checkbox"/>	B. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	I. Wing/Rotor	<input type="checkbox"/>	<input type="checkbox"/>	C. Nose	<input type="checkbox"/>	<input type="checkbox"/>	J. Fuselage	<input type="checkbox"/>	<input type="checkbox"/>	D. Engine No. 1	<input type="checkbox"/>	<input type="checkbox"/>	K. Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>	E. Engine No. 2	<input type="checkbox"/>	<input type="checkbox"/>	L. Tail	<input type="checkbox"/>	<input type="checkbox"/>	F. Engine No. 3	<input type="checkbox"/>	<input type="checkbox"/>	M. Lights	<input type="checkbox"/>	<input type="checkbox"/>	G. Engine No. 4	<input type="checkbox"/>	<input type="checkbox"/>	N. Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
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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 (Specify)	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 of Birds seen and/or struck		19. Size of Bird(s): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large																																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Number of Birds</th> <th style="width: 10%;">Seen</th> <th style="width: 10%;">Struck</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2-10</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">11-100</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">More than 100</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	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																																
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21. Remarks (Describe damage, injuries and other pertinent information):																																																		
DAMAGE / COST INFORMATION (Optional)																																																		
22. Aircraft Time out of service (hours):	23. Estimated Cost of Repair or Replacement (KD):	24. Estimated other costs (KD) (eg. Loss of revenue, fuel, hotels):																																																
Reported by (Optional):	Title:	Date:																																																

This form, when completed, should be fax or email to: **Fax: (965) 24765796 OR Email: safety@dgca.gov.kw ; mor-asd@dgca.gov.kw**