

Part 1. General Information

Name of person filling out this form:

CAA Tandem Rego No: *or N/A if not a tandem incident*

CAA Client No: *only if using this form to also notify CAA of the occurrence*

Contact Email Address & Phone No: *Who should we contact about this occurrence?*

Location of Occurrence: *The name of the DZ, or the nearest landmark if not at a DZ*

Date and time of Occurrence: *Local time*

Part 2. Persons Involved

Classification of person(s) involved:

Individual Parachutist	Tandem Pair	Tandem Master	Tandem Passenger
Instructor / Jumpmaster	Student	Camera Person	Other

If "other," briefly describe (e.g. spectator, pilot, PT)

Exit weight: *The all-up exit weight of the affected parachutist or tandem pair*

Parachutist in Command (PIC) total # of jumps:

PIC jumps in last 90 days:

PIC total # of tandems (if applicable): *or N/A if not a tandem incident*

PIC tandems in last 90 days (if applicable): *or N/A if not a tandem incident*

Part 3. About the Occurrence

Classification of Occurrence:

Malfunction / Reserve Activation	Off PLA Landing	Hard Landing
Collision	Equipment Fault/Failure *	Other

N.B. Equipment Fault/Failure is for maintenance issues, defective equipment, e.g. AADs firing when they shouldn't, etc. It does not include things that can be attributed to normal wear-and-tear or packing errors that have to be cut-away from.

Consequence:

Non-Injury	Minor Injury	Serious Injury	Fatality	Other
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If "other," briefly describe (e.g. property damage)

Flight Phase:

Exit	Freefall	Deployment	Landing	Other
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If none of the above, e.g. defect found on the ground, select "Other" and describe

NEW Exit altitude (AMSL)?

Is there camera footage available?

Part 4. Equipment Details *Provide as much detail as possible, to help us analyse the occurrence & for statistical purposes*

Harness/Container Model and Manufacturer:

Harness/Container # of jumps:

Main Canopy, Reserve Canopy & AAD:

Main canopy # of jumps:

Main line-set # of jumps:

Part 5. Incident Details *Please provide as much detail as possible. Attach extra sheets if necessary.*

Describe the Event: *Describe what happened, in as much detail as possible*

Suspected Causal Factors: *Briefly describe any factors you think may have contributed to the incident*

Resulting Action Taken: *Briefly describe any action taken to minimise or mitigate the risk of similar incidents happening in future*

Would you like NZPIA to forward this report to CAA? Yes No

Note: Information shared with CAA will NOT be de-identified. If left blank, NZPIA will assume you do not consent to share.

NEW Would you like to share this report (de-identified for privacy) with the wider skydiving community? Yes No

Sharing occurrence information contributes to safety in the community. If left blank, we will assume you do not consent to share.

NZPIA USE ONLY

Date received: _____

Occurrence tracking no.: _____

Notes / comments:

Send this form, along with any supporting information, to ceo@nzpia.co.nz