



Martinaire

PILOT AIRCRAFT INCIDENT REPORT

BASIC INFORMATION

Incident Location Nearest City/Place: _____ State: _____		Date/Time Date: _____ Local Time: _____		<input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Approach <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Landing <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Descent		Regulation Flight Conducted Under: <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 135		Altitude of In-Flight Occurrence _____ ft

AIRCRAFT INFORMATION

<i>(Circle which applies):</i> Manufacturer: CESSNA BEECHCRAFT FAIRCHILD Model: C208B BE-1900 SA-227			Aircraft Configuration <i>(Briefly describe)</i>
Registration Number: _____			
Was there Mechanical Malfunction/Failure? Yes No Unknown <i>(If yes, list the name of the part and describe the failure.)</i>			

PILOT INFORMATION

Pilot A Identification First Name: _____ Last Name: _____	Pilot A Responsibility <input type="checkbox"/> PIC <input type="checkbox"/> SIC <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot	Pilot B Identification <i>(If applicable)</i> First Name: _____ Last Name: _____	Pilot B Responsibility <i>(If applicable)</i> <input type="checkbox"/> PIC <input type="checkbox"/> SIC <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot
--	---	---	--

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

(Describe what occurred in chronological order, including circumstances leading to incident. Sketch if pertinent. Use back of sheet if needed. State time and point of departure, intended destination, aircraft configuration, and services obtained.)

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
---	--