



Incident Reporting Form

*Please complete and give to a member of the SMAC Committee.
If you have any photos or documents relating to the incident, please provide copies or digital files.*

Date of incident:	Time of incident:
AUS number of SMAC member reporting the incident:	
AUS number of person(s) involved in the incident (if not reporter):	
Name & contact details of spectator(s) involved in the incident:	

Location of Incident:	<input type="checkbox"/> Pits, clubhouse, car park or access road - RED ZONE
	<input type="checkbox"/> Within 15m of the pilot flight line - YELLOW ZONE
	<input type="checkbox"/> Neighbouring property - outside flying field - GREEN ✓ ZONE or RED ✗ ZONE
	<input type="checkbox"/> Flying field - GREEN ZONE

Brief description of what happened:
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Was there an injury or medical condition? (member, visitor pilot, spectator): <input type="checkbox"/> NO <input type="checkbox"/> YES
AUS number of MAAA member(s) involved:
Name & contact details of spectator(s) involved:

Was medical treatment required? NO First Aid Medical Centre Ambulance/Hospital

If YES, please provide specific information:

Was any property damaged? (aircraft, club property, vehicles etc.): NO YES

If YES, please provide specific information:

Additional information: