

CAAT Aviation Safety Report Individuals / Other Organisations

Use Adobe Acrobat / Reader DC to compile this form.

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- Please fill in the form, use drop-down list where applicable, and submit it with supporting document files to safetyreport@caat.or.th.

· Field type:	= Mandatory fields,	= Optional fields.
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General Information									
Title of occurrence									
UTC date	UTC time								
	(YYYY/MM/DD)		(HH:MM)						
Occurrence Location In	formation								
	World region	State / area	Sub-area	Other (specify)					
State or area of occurrence									
	Country	ICAO code and aerodrome name	Other (specify)						
Aerodrome of occurrence		ocident took place (even for the event th	at took place during climb or approach)						
	The airport /heliport where the incident took place (even for the event that took place during climb or approach).								
Location of occurrence			ocation on aerodrome						
	Details of the event location (Runway number, taxiway number, parking lot number or details if the occurrence happened during en-route).								
Environment Informatio									
Light condition									
Aircraft Information									
If there are more than one aircraft			Other (enecify)						
Aircraft operator	Country	Operator	Other (specify)						
Aircraft registration		Flight number							
Aircraft flight phase of occurrence									
Occurrence Information	1								
Description of the occurre	ence (narrative)								