



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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AIRCRAFT OCCURRENCE REPORT

Please complete this report electronically or in block capitals using black ink and send it to the above address, as soon as practicable, or within 72 hours, of any event which constitutes an occurrence described in CAR GEN.185.

1. AIRCRAFT AND OPERATOR DETAILS			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Operator:			
2. FLIGHT DETAILS			
Date of Occurrence:		Time (UTC):	
Flight Phase:	<input type="checkbox"/> Ground	<input type="checkbox"/> Flight	<input type="checkbox"/> Maintenance
Route From:		Route To:	
ICAO Designator Code:		ICAO Designator Code:	
Flight Level / Altitude / Height (ft):		IAS (kts):	
3. WEATHER / RUNWAY CONDITIONS			
4. DESCRIPTION OF OCCURRENCE (ATTACH REPORT IF AVAILABLE)			

(Continue on a separate sheet if necessary)

5. REMEDIAL ACTION

(Continue on a separate sheet if necessary)

6. REPORTING TO THE STATE OF DESIGN AND THE ORGANISATION RESPONSIBLE FOR THE TYPE DESIGN Note: THIS SECTION MUST BE COMPLETED BY THE REPORTER

Organisation responsible for the type design has been informed. Yes No**

For the reporting of unapproved parts, the State of Design and the organisation responsible for type design has been informed Yes No**

7. REPORT SUBMITTED BY:

Date:		Position:	
Telephone No.:		Email:	
Name:		Signature:	

CAA SMR USE ONLY

Report No.:		Date Closed:	
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**Organisation responsible for the type design and State of Design as applicable has been informed
 Yes