



# BIRD / OTHER WILDLIFE STRIKE REPORT

U.S. Department of Transportation  
**Federal Aviation Administration**

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to allow the Federal Aviation Administration to assess the magnitude and severity of the wildlife-aircraft strike problem in the U.S. The information is used in determining the best management practices for reducing the hazard to aviation safety caused by wildlife-aircraft strikes. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0045. Public reporting for this collection of information is estimated to be approximately 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. The information collected is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

<b>1. Name of Operator</b>		<b>2. Aircraft Make/Model</b>		<b>3. Engine Make/Model</b>																																															
<b>4. Aircraft Registration</b>		<b>5. Date of Incident</b> Month / Day / Year		<b>6. Local Time of Incident</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk    __HR __MIN <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM																																															
<b>6A. Flight Number</b>		<b>6B. Wildlife/Bird Remains:</b> <input type="checkbox"/> Collected <input type="checkbox"/> Sent to Smithsonian																																																	
<b>7. Airport Name/ID</b>		<b>8. Runway Used</b>		<b>9. Location if En Route</b> (Nearest Town/Reference & State/Airport)																																															
<b>10. Height (AGL)</b>		<b>11. Speed (IAS)</b>																																																	
<b>12. Phase of Flight</b> <input type="checkbox"/> A. Parked <input type="checkbox"/> B. Taxi <input type="checkbox"/> C. Take-off Run <input type="checkbox"/> D. Climb <input type="checkbox"/> E. En Route <input type="checkbox"/> F. Descent <input type="checkbox"/> G. Approach <input type="checkbox"/> H. Landing Roll		<b>13. Part(s) of Aircraft Struck or Damaged</b>																																																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center">Struck</th> <th style="text-align:center">Damaged</th> </tr> </thead> <tbody> <tr><td>A. Radome</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>B. Windshield</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>C. Nose</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>D. Engine No. 1</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>E. Engine No. 2</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>F. Engine No. 3</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>G. Engine No. 4</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> </tbody> </table>			Struck	Damaged	A. Radome	<input type="checkbox"/>	<input type="checkbox"/>	B. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	C. Nose	<input type="checkbox"/>	<input type="checkbox"/>	D. Engine No. 1	<input type="checkbox"/>	<input type="checkbox"/>	E. Engine No. 2	<input type="checkbox"/>	<input type="checkbox"/>	F. Engine No. 3	<input type="checkbox"/>	<input type="checkbox"/>	G. Engine No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center">Struck</th> <th style="text-align:center">Damaged</th> </tr> </thead> <tbody> <tr><td>H. Propeller</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>I. Wing/Rotor</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>J. Fuselage</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>K. Landing Gear</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>L. Tail</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>M. Lights</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td>N. Other: (Specify)</td><td style="text-align:center"><input type="checkbox"/></td><td style="text-align:center"><input type="checkbox"/></td></tr> </tbody> </table>			Struck	Damaged	H. Propeller	<input type="checkbox"/>	<input type="checkbox"/>	I. Wing/Rotor	<input type="checkbox"/>	<input type="checkbox"/>	J. Fuselage	<input type="checkbox"/>	<input type="checkbox"/>	K. Landing Gear	<input type="checkbox"/>	<input type="checkbox"/>	L. Tail	<input type="checkbox"/>	<input type="checkbox"/>	M. Lights	<input type="checkbox"/>	<input type="checkbox"/>	N. Other: (Specify)
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N. Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>																																																	
Bird(s) Ingested? <input type="checkbox"/> Yes		Specify if "N. Other" is checked:																																																	
<b>14. Effect on Flight</b> <input type="checkbox"/> None <input type="checkbox"/> Aborted Take-Off <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Engines Shut Down <input type="checkbox"/> Other: (Specify)		<b>15. Sky Condition</b> <input type="checkbox"/> No Cloud <input type="checkbox"/> Some Cloud <input type="checkbox"/> Overcast		<b>16. Precipitation</b> <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> None																																															
<b>17. Bird/Other Wildlife Species</b>		<b>18. Number of birds seen and/or struck</b>			<b>19. Size of Bird(s)</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large																																														
		Number of Birds	Seen	Struck																																															
		1	<input type="checkbox"/>	<input type="checkbox"/>																																															
		2-10	<input type="checkbox"/>	<input type="checkbox"/>																																															
		11-100	<input type="checkbox"/>	<input type="checkbox"/>																																															
		more than 100	<input type="checkbox"/>	<input type="checkbox"/>																																															
<b>20. Pilot Warned of Birds</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																			
<b>21. Remarks</b> (Describe damage, injuries and other pertinent information)																																																			
<b>DAMAGE / COST INFORMATION</b>																																																			
<b>22. Aircraft time out of service</b> _____ hours		<b>23. Estimated cost of repairs or replacement (US \$)</b> \$		<b>24. Estimated other Cost (U.S. \$)</b> (e.g. loss of revenue, fuel, hotels) \$																																															
<b>Reported by</b> (Optional)			<b>Title</b>		<b>Date</b>																																														
<b>Email</b>			<b>Phone</b>																																																

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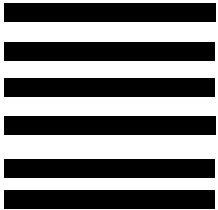
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