



## BIRD / OTHER WILDLIFE STRIKE REPORTING FORM

| <b>1. Name of Operator / Aircraft Callsign</b><br><div style="text-align: center; font-size: 1.2em;">MAB/Malaysian 2746</div>   | <b>2. Aircraft Make/Model</b><br><div style="text-align: center; font-size: 1.2em;">B737-800</div>  | <b>3. Engine Make/Model</b><br><div style="text-align: center; font-size: 1.2em;">CFM 56-7B</div>  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
|---|---|--|-------------------------------------|---------------------|-------------------------------------|---------|--------------------------|-------------------------------------|---|-------------------------------------|-----------|--------------------------|--|--------------------------|--------------|--------------------------|--|--------------------------|---------------|--------------------------|--|--------------------------|---------------|--------------------------|--|--------------------------|---------|--------------------------|--|--------------------------|-------------|-------------------------------------|--|--------------------------|-----------------|--------------------------|--|--------------------------|-----------------|--------------------------|--|--------------------------|-----------------|--------------------------|--|--------------------------|---------|--------------------------|--|--------------------------|-----------------|--------------------------|--|--------------------------|-----------|--------------------------|--|--------------------------|-----------------|--------------------------|--|--------------------------|---------------------|--------------------------|--|--------------------------|
| <b>4. Aircraft Registration</b><br><div style="text-align: center; font-size: 1.2em;">9M-MXR</div>  | <b>5. Date of Incident</b><br><div style="text-align: center; font-size: 1.2em;"> <u>21</u> / <u>08</u> / <u>2023</u><br/> <small>Day                  Month                  Year</small> </div>   | <b>6. Local Time of Incident</b><br><input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <u>19</u> HR <u>40</u> MIN<br><input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>7. Airport Name</b><br><div style="text-align: center; font-size: 1.2em;">WBGB</div>   | <b>8. Runway Used</b><br><div style="text-align: center; font-size: 1.2em;">17</div>  | <b>9. Location if En Route</b> <small>(Nearest Town/Reference &amp; State)</small>   |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>10. Height (AGL)</b><br><div style="text-align: center; font-size: 1.2em;">50</div>  | <b>11. Speed (IAS)</b><br><div style="text-align: center; font-size: 1.2em;">155kts</div>   |  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>12. Phase of Flight</b><br><input type="checkbox"/> A. Parked<br><input type="checkbox"/> B. Taxi<br><input type="checkbox"/> C. Take-off Run<br><input type="checkbox"/> D. Climb<br><input type="checkbox"/> E. En Route<br><input type="checkbox"/> F. Descent<br><input type="checkbox"/> G. Approach<br><input checked="" type="checkbox"/> H. Landing Roll | <b>13. Part(s) of Aircraft Struck or Damaged</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Struck</th> <th style="width: 10%; text-align: center;">/</th> <th style="width: 10%; text-align: center;">Damaged</th> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Struck</th> <th style="width: 10%; text-align: center;">/</th> <th style="width: 10%; text-align: center;">Damaged</th> </tr> </thead> <tbody> <tr> <td>A. Radome</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>H. Propeller</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>I. Wing/Rotor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>J. Fuselage</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>K. Landing Gear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>L. Tail</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>M. Lights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></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></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>N. Other: (Specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |  |                                     | Struck              | /                                   | Damaged |                          | Struck                              | / | Damaged                             | A. Radome | <input type="checkbox"/> |  | <input type="checkbox"/> | H. Propeller | <input type="checkbox"/> |  | <input type="checkbox"/> | B. Windshield | <input type="checkbox"/> |  | <input type="checkbox"/> | I. Wing/Rotor | <input type="checkbox"/> |  | <input type="checkbox"/> | C. Nose | <input type="checkbox"/> |  | <input type="checkbox"/> | J. Fuselage | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> | D. Engine No. 1 | <input type="checkbox"/> |  | <input type="checkbox"/> | K. Landing Gear | <input type="checkbox"/> |  | <input type="checkbox"/> | E. Engine No. 2 | <input type="checkbox"/> |  | <input type="checkbox"/> | L. Tail | <input type="checkbox"/> |  | <input type="checkbox"/> | F. Engine No. 3 | <input type="checkbox"/> |  | <input type="checkbox"/> | M. Lights | <input type="checkbox"/> |  | <input type="checkbox"/> | G. Engine No. 4 | <input type="checkbox"/> |  | <input type="checkbox"/> | N. Other: (Specify) | <input type="checkbox"/> |  | <input type="checkbox"/> |
|   | Struck  | /  | Damaged                             |                     | Struck                              | /       | Damaged                  |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| A. Radome   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | H. Propeller        | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| B. Windshield   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | I. Wing/Rotor       | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| C. Nose   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | J. Fuselage         | <input checked="" type="checkbox"/> |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| D. Engine No. 1   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | K. Landing Gear     | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| E. Engine No. 2   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | L. Tail             | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| F. Engine No. 3   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | M. Lights           | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| G. Engine No. 4   | <input type="checkbox"/>  |  | <input type="checkbox"/>            | N. Other: (Specify) | <input type="checkbox"/>            |         | <input type="checkbox"/> |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>14. Effect on Flight</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Aborted Take-Off<br><input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Engines Shut Down<br><input type="checkbox"/> Other: (Specify)   | <b>15. Sky Condition</b><br><input type="checkbox"/> No Cloud<br><input checked="" type="checkbox"/> Some Cloud<br><input type="checkbox"/> Overcast  | <b>16. Precipitation</b><br><input type="checkbox"/> Fog<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input checked="" type="checkbox"/> None   |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>17. Bird/Other Wildlife Species</b><br><div style="text-align: center; font-size: 1.2em;">UNKNOWN BIRD</div>   | <b>18. Number of birds seen and/or struck</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Number of Birds</th> <th style="width: 10%; text-align: center;">Seen</th> <th style="width: 10%; text-align: center;">/</th> <th style="width: 10%; text-align: center;">Struck</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2-10</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">11-100</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">More than 100</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>   |  | Number of Birds                     | Seen                | /                                   | Struck  | 1                        | <input checked="" type="checkbox"/> |   | <input checked="" 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"/> |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| Number of Birds   | Seen  | /  | Struck                              |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| 1   | <input checked="" type="checkbox"/>   |  | <input checked="" 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>19. Size of Bird(s)</b><br><input checked="" type="checkbox"/> Small<br><input type="checkbox"/> Medium<br><input type="checkbox"/> Large  |   |  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>20. Pilot Warned of Birds</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>21. Remarks</b> <small>(Describe damage, injuries and other pertinent information)</small><br><div style="text-align: center; font-size: 1.2em; margin-top: 10px;">NIL</div>   |   |  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |
| <b>Reported by</b> <small>(Optional)</small>  | <b>Title :</b><br><br><b>Date:</b>  | <b>*send all bird remains including feather fragments to:</b>  |                                     |                     |                                     |         |                          |                                     |   |                                     |           |                          |  |                          |              |                          |  |                          |               |                          |  |                          |               |                          |  |                          |         |                          |  |                          |             |                                     |  |                          |                 |                          |  |                          |                 |                          |  |                          |                 |                          |  |                          |         |                          |  |                          |                 |                          |  |                          |           |                          |  |                          |                 |                          |  |                          |                     |                          |  |                          |

THIS INFORMATION IS REQUIRED FOR AVIATION SAFETY



## SUPPLEMENTARY BIRD/WILDLIFE STRIKE REPORTING FORM OPERATOR COSTS AND ENGINE DAMAGE INFORMATION

### A. BASIC DATA

Operator : .....  
 Aircraft Make/Model : .....  
 Engine Make/Model : .....  
 Aircraft Registration : .....  
 Date : day ..... month ..... year .....  
 Aerodrome/Location if known : .....

### B. COST INFORMATION

Aircraft time out of service ..... hours  
 Estimated cost of repairs or replacement U.S.\$ (in thousands) .....  
 Estimated other costs  
 (e.g. loss of revenue, fuel, hotels) U.S.\$ (in thousands) .....

### C. SPECIAL INFORMATION ON ENGINE DAMAGE STRIKE

| Engine position number                | 1                        | 2                        | 3                        | 4                        |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>uncontained failure</i>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>fire</i>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>shutdown – vibration</i>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>shutdown – temperature</i>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>shutdown - fire warning</i>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>shutdown - other (specify)</i>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .....                                 |                          |                          |                          |                          |
| <i>shutdown - unknown</i>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estimated percentage of thrust loss * | —                        | —                        | —                        | —                        |
| Estimated number of birds ingested    | —                        | —                        | —                        | —                        |

*Bird/Wildlife species*.....

\* These may be difficult to determine but even estimates are useful.

*Send all bird remains feather fragments to:* .....

**Reported by:**

**Title :**

**Date:**