



## BIRD / OTHER WILDLIFE STRIKE REPORTING FORM

<b>1. Name of Operator / Aircraft Callsign</b> MH 1252	<b>2. Aircraft Make/Model</b> B 737-800	<b>3. Engine Make/Model</b> CFM 56-7																																																																
<b>4. Aircraft Registration</b> 9M-MXA	<b>5. Date of Incident</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">07</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">07</div> <div style="margin: 0 5px;">/</div> <div style="margin: 0 5px;">2023</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div>	<b>6. Local Time of Incident</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Dusk <span style="margin-left: 10px;">20 HR 0 MIN</span> <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> AM <input type="checkbox"/> PM																																																																
<b>7. Airport Name</b> ALOR STAR	<b>8. Runway Used</b> 04	<b>9. Location if En Route</b> (Nearest Town/Reference & State)																																																																
<b>10. Height (AGL)</b> 300ft	<b>11. Speed (IAS)</b> 145kts																																																																	
<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 checked="" type="checkbox"/> G. Approach <input 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: 40%;"></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: 30%;"></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 checked="" 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 checked="" type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>J. Fuselage</td> <td style="text-align: center;"><input 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 checked="" 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 checked="" type="checkbox"/>		<input type="checkbox"/>	J. Fuselage	<input 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"/>
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<b>14. Effect on Flight</b> <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None																																																																
<b>17. Bird/Other Wildlife Species</b>	<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>1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2-10</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>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>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 type="checkbox"/>		<input type="checkbox"/>	2-10	<input checked="" type="checkbox"/>		<input checked="" 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> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large																																												
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<b>20. Pilot Warned of Birds</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																		
<b>21. Remarks (Describe damage, injuries and other pertinent information)</b> Few birdstrikes upon touchdown																																																																		
<b>Reported by (Optional)</b>	<b>Title :</b>	<b>*send all bird remains including feather fragments to:</b>																																																																
	<b>Date:</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:**