



## BIRD / OTHER WILDLIFE STRIKE REPORTING FORM

<b>1. Name of Operator / Aircraft Callsign</b>  <div style="text-align: center; font-size: 1.2em;">MH870</div>	<b>2. Aircraft Make/Model</b>  <div style="text-align: center; font-size: 1.2em;">BOEING 737-800</div>	<b>3. Engine Make/Model</b>  <div style="text-align: center; font-size: 1.2em;">CFM56-7B26</div>																																																																
<b>4. Aircraft Registration</b>  <div style="text-align: center; font-size: 1.2em;">9M-MLQ</div>	<b>5. Date of Incident</b> <div style="text-align: center; font-size: 1.2em;">             16 / 07 / 2023  <small>Day      Month      Year</small> </div>	<b>6. Local Time of Incident</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <u>10</u> HR <u>12</u> MIN <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																																																																
<b>7. Airport Name</b>  <div style="text-align: center; font-size: 1.2em;">SURABAYA JUANDA</div>	<b>8. Runway Used</b>  <div style="text-align: center; font-size: 1.2em;">10</div>	<b>9. Location if En Route</b> <small>(Nearest Town/Reference &amp; State)</small>																																																																
<b>10. Height (AGL)</b>  <div style="text-align: center; font-size: 1.2em;">0</div>	<b>11. Speed (IAS)</b>  <div style="text-align: center; font-size: 1.2em;">140</div>																																																																	
<b>12. Phase of Flight</b>  <input type="checkbox"/> A. Parked <input type="checkbox"/> B. Taxi <input checked="" 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 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 checked="" 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 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 checked="" 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 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 type="checkbox"/> No Cloud <input checked="" 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>  <div style="text-align: center; font-size: 1.2em;">Unknown</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 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 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"/>																																												
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<b>19. Size of Bird(s)</b>  <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <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>  <div style="text-align: center; font-size: 1.2em;">Blood Stained</div>																																																																		
<b>Reported by</b> <small>(Optional)</small>  <div style="text-align: center; font-size: 1.2em;">LIM WEI HIONG</div>	<b>Title :</b> SECOND OFFICER <b>Date:</b> 16 JULY 2023	<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:**