

WIRE WATCH PROGRAM

Pilot's Name: _____ Pilot's Lic #: _____

Company Name: _____ Prov.: _____

Aircraft Type: _____ Call Letters: _____

Aircraft Owner: _____ Date: _____

INCIDENT INFORMATION

Date: _____ Time: _____ ☐ a.m. ☐ p.m.

Accident: ☐ yes ☐ no:

If yes,

- Area secured ☐ yes ☐ no
- Hydro company notified ☐ yes ☐ no
- Time notified: _____ ☐ a.m. ☐ p.m. Who you spoke to: _____
- Transport Canada notified ☐ yes
- Time notified: _____ ☐ a.m. ☐ p.m. Who you spoke to: _____
- Injuries: _____
- Aircraft Structural Damage ☐ major ☐ minor ☐ none

If no,

- Area secured ☐ yes ☐ no
- Hydro company notified ☐ yes ☐ no
- Time notified: _____ ☐ a.m. ☐ p.m. Who you spoke to: _____
- Measures taken to prevent future incidents: _____

Legal Land Location: _____

Weather: _____

Detailed description of incident: _____

Pilot's signature: _____ Date: _____

Complete the form and fax to the CAAA office at (780) 413-0076