



ACCIDENT, INCIDENT, OCCURRENCE OR UNSAFE PRACTICE REPORT

New Garden Flying Field

In accordance with the accident reporting provisions of the Rules and Regulations governing the operation of New Garden Flying Field, it is mandatory to report any incident or collision involving aircraft or vehicles, resulting in injury, property damage or an unsafe condition. Damage to privately owned property located within the confines of the airport is to be reported to the owner. The airport manager will help you with contacting the owner.

This form is for local airport use and does not replace the reporting requirements of FAA or NTSB with regard to aircraft accidents and incidents. A copy of a Federal accident report may be submitted in lieu of this form if there are vehicles involved.

--- Bird Strike --- N78QB
Pandion Aviation, LLC

1. Name of person Robert Thomas Age 67

Address [REDACTED]
Wallington, PA 19086

Phone [REDACTED]

2. Date, time and description of occurrence

September 2, 2022 10:40am EDT 3nm West
of N57 1500' msl maneuvering for a 45°
entry to left downwind rwy 06. Bird strike
(goose). Right upper wing, 2 feet from tip

3. Nature and extent of injuries or property damage

Goose died, No human injuries. Pilot
was only occupant. Damage to Right
Upper Wing, 2 feet from tip
Safe Landing. No apparent airplane
handling issues.



Airport Incident Report

This form is to be used for all incidents of illness, medical accident/injury, for any person(s) or property owned/located at airport. Incidents are to be documented completely and emailed to New Garden Flying Field, [REDACTED]

Instructions:

- Call Jon Martin the Airport Director at [REDACTED] immediately (regardless of time of day) and give a detailed explanation of the incident.
- Fill out all sections of this report completely.
- Complete payment information if needed.
- Email the completed report to [REDACTED] within 12 hours.
- Save an electronic copy for any future reference.

N78QB

Name(s):	▪ Robert ▪ Thomas (Double click on appropriate box and click on "check" ok) ☒ Customer ☐ Staff
Address:	[REDACTED] Wallingford
Phone Number:	
Need for Medical	☐ Yes ☒ No
Attention:	
Notes:	
Departure Date/Time	▪ Date: ▪ Time:
Mode of Departure:	☐ Car ☐ Plane ☐ Ambulance ☐ Other
Escorted By:	▪
Date of Incident:	▪ September 2, 2022
Time of Incident:	▪ 10:40am EDT
Location of Incident:	▪ 3nm West of N57
Others Involved:	Goose
Witness(es)	▪ none
Emergency Contact	▪ N/A
Notified By:	I called my wife
Notified Date/Time	▪ 11:10am EDT ▪ Method (email/phone): phone
Damages:	▪ ☒ Yes ☐ No
Payment for damages:	Credit Card Number: Expiration Date: Name on Card: Damage to airplane upper right wing. 2ft from tip

Type of Incident

- | | |
|---|--|
| ☐ Illness | ☐ Medical Accident/Injury |
| ☐ Substance/Tobacco Abuse | ☐ Sexually Related Incident |
| ☐ Physical/Verbal Abuse | ☐ Homesick |
| ☐ Property Damage (fill out payment info.) | ☐ Parent Upset |
| ☐ Out of Boundaries | ☒ Other (please be specific) |
| ☐ Staff/Student Relationships | Bird strike |

Describe the Incident/Complaint (what happened, to whom, how, and the method of interventions):

3nm west of N57, 1500' msl. maneuvering for a 45° entry to left downwind wvy 06. Bird strike (goose)

Conclusion (assessment of what happened and why):

- Bird and airplane occupying same space at the same time.

Warning/consequences stated (if applicable):

- Warned other pilots in the airport pattern

Action taken (include doctor's orders/follow care instructions, if applicable):

Notes (Include follow up information, parent contact and reaction, medical treatments, medical contacts, team conclusion, communications with the Summer Camp Director:

Medical Situations Only: Please give the vitals that were obtained *not needed*

Medications		Allergies	
Blood Pressure		Pulse	
Pupils	(L) (R)	Lungs	(L) (R)
Temp		Respiration's	
Skin-Color, Temp, Moisture			

Incident Report Preparer

Robert Thomas

Phone

Date

2 September 2022

Incident Report Reviewer

Phone

Date