

DO NOT REPORT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM. ACCIDENTS AND CRIMINAL ACTIVITIES SHALL BE REPORTED I.A.W. THE REQUIREMENTS OF THE CARS!.

ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

(SPACE BELOW RESERVED FOR CASAS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.

NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME No. ______ Hours ______

WORK No. ______ Hours ______

NAME ______ TYPE OF EVENT/SITUATION ______

ADDRESS/POBox _______ DATE OF OCCURRENCE ______

CITY ______ COUNTRY _____ LOCAL TIME (24 hr. clock) ______

PLEASE DESCRIBE THE OCCURRENCE IN THE SPACE PROVIDED BELOW ADD AS MUCH OF DETAIL AS POSSIBLE.

DESCRIBE EVENT/SITUATION

AVIATION SAFETY REPORTING SYSTEM

The information provided on the identity strip will be used only if it is determined that it is necessary to contact you in order to obtain additional and useful information that may be required to further analyze the issue reported by you. The report will not be utilized to initiate enforcement action for violations of the Civil Aviation Regulations of Suriname.

THANK YOU FOR YOUR CONTRIBUTION TO AVIATION SAFETY

CASAS – VOLUNTARY AVIATION SAFETY REPORTING SYSTEM ZORG & HOOP AIRFIELD, POBOX 12587 PARAMARIBO, SURINAME

DESCRIBE EVENT/SITUATION				
(USE ADDITIONAL PAPER IF NEEDED)				
CHAIN OF EVENTS	Page 2 of 2	HIIMANI DEDEODMA	NCE CONSIDERATIONS	3
- How the problem arose - How it was discovered - Contributing factors - Corrective actions	- Perceptio	ns, judgments, decision	s - Actions or inactions	