



Occurrence Report

WHO:	WHEN:	WHERE:
WHAT:		
<u>AIRCRAFT INFORMATION:</u>	<u>PROPELLER INFORMATION:</u>	<u>GOVERNOR INFORMATION:</u>
MODEL: _____	MODEL: _____	MODEL: _____
REG.: _____	S/N: _____	S/N: _____
ENGINE(S): _____	TSN/TSO: _____ HOURS	TSN/TSO: _____ HOURS
DAMAGES: ☐ STRUCTURAL DAMAGE ☐ PERSONAL INJURY ☐ OTHERS		
WARRANTY CLAIM SUBMITTED: ☐ YES ☐ NO DATE OF CLAIM: _____		
CONTACT DETAILS FOR QUERIES:		

Please submit this report to safety@mt-propeller.com

Thank you!

MT Form E-4265 (External Occurrence Report) R0