



Oxford Flying Club Flight Operations Incident Report (FOIR)			
To: OFC Safety Officer		From: [REDACTED]	
Date: [REDACTED]			
<small>Note: Refer to Club website</small>		<small>Note: Name is optional but helpful.</small>	
1. Type of Event - check all appropriate responses			
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> Runway/taxiway excursion	<input type="checkbox"/> Foreign Object Damage	
<input type="checkbox"/> Navigational Deviation	<input type="checkbox"/> Runway Incursion	<input type="checkbox"/> Severe Wake Turbulence	
<input type="checkbox"/> Communication Error	<input type="checkbox"/> Severe Turbulence	<input type="checkbox"/> Collision Hazard	
<input type="checkbox"/> Severe Icing	<input type="checkbox"/> Aborted Takeoff	<input checked="" type="checkbox"/> Other	
2. Weather Conditions - check all appropriate responses			
<input type="checkbox"/> IMC	<input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Icing	
<input checked="" type="checkbox"/> VMC	<input type="checkbox"/> Turbulence	<input type="checkbox"/> Crosswind	
<input type="checkbox"/> Precipitation	<input type="checkbox"/> Windshear	<input type="checkbox"/> Other	
3. Time/Date - check or fill out all appropriate responses			
Month <u>4</u>	Day <u>[REDACTED]</u>	Year <u>2021</u>	<input type="checkbox"/> 0400-0759 local time
<input type="checkbox"/> 1200-1559 local time		<input type="checkbox"/> 1600-1959 local time	<input type="checkbox"/> 2000-2359 local time
4. Mode of Flight			
<input type="checkbox"/> Ramp	<input type="checkbox"/> Climb	<input type="checkbox"/> Descent	
<input type="checkbox"/> Taxi	<input type="checkbox"/> Cruise	<input type="checkbox"/> Approach	
<input type="checkbox"/> Takeoff	<input type="checkbox"/> Holding	<input checked="" type="checkbox"/> Landing	
5. Action Taken - check all appropriate responses			
<input type="checkbox"/> Performed Emergency Proc.	<input type="checkbox"/> Declared Emergency	<input type="checkbox"/> In-Flight Engine Shutdown	
<input type="checkbox"/> Followed Checklist	<input type="checkbox"/> Requested Crash/Rescue	<input type="checkbox"/> Divert From Dest. Airport	
<input type="checkbox"/> Requested Medical Assist.	<input checked="" type="checkbox"/> Other <u>Shut down on taxiway</u>		
6. Safety Officer, or his/her designee, Initial Assessment			
Probability: occasional		Severity: Major	
Resulting Risk Code: This report is in combination with CSR 2021-004 Resulting in Risk #4		Note: Risk Assessment Code of 5 requires immediate notification of Club President.	
7. Comments or Suggestions (Use additional sheets as necessary)			
Blew a tire on rollout on a XC to IN7. [REDACTED] performed the landing, I thought it was a pretty smooth touchdown. On rollout I noticed us veering left so I applied right rudder and asked [REDACTED] not to fight me on the controls, but he said he wasn't. I took over and got us off onto a taxiway since we were pretty close and shut down. A couple pilots were on the field working on their own plane and helped change the inner tube for us with an old spare tire they had lying around. See attached.			
8. Safety Officer, or his/her designee, Investigation summary:			
Safety Officer, or his/her designee, Name Peter Dawson			Date 4/22/2021
Tracking # (assigned by Safety Officer) OFC-CSR 2021-003			
Summary: A discussion with the members of this scenario don't provide data as to why the tire blew upon landing so we shifted the conversation towards the OFC policy of MX and repairs. Both members are now aware that the plane captains and mx officer have to approve of any repairs prior to the next flight in an OFC aircraft. This report is in combination with CSR 2021-004 and has resent the clock.			
9. Notes			
a) If a NASA form was filed (Strongly Recommended if practical), please attach a copy to this report.			
b) For confidentiality, this form may be delivered to any Safety Committee representative.			
Thank you for your interest in your Safety Program.			

0800-1159 local time