

Aircraft Accident / Incident Report Form



24hrs Emergency Lines:
 +234(0)8077090909, 8077090908
 Fax:

Part 1

ACCIDENT DETAILS	
Occurrence:	
Date:	Time: Local/UTC (delete as appropriate)
Location:	
.....	
Lat/Long or OS Grid (if not on airfield):	
AIB File Reference:	

Please fill in this form in **CAPITAL LETTERS** and **black ink** only. We will electronically scan and store the information you provide. Use the reverse of the form as a continuation sheet if necessary. Please complete as much information as possible.

Notes:	<p>1 AIRCRAFT</p> <p>1.1 AIRCRAFT DETAILS</p> <p>Registration: Manufacturer:</p> <p>Generic Name: Type and Series:</p> <p>Engine Model: No of Engines: Build Year.....</p> <p>C of A Category: C of A Issue Date:</p> <p>1.2 CHECKS</p> <p>Total airframe hours: Last check type: Date:</p> <p>1.3 MAINTENANCE DETAILS</p> <p>Company:</p> <p>Address: Tel:</p> <p>..... Fax:</p> <p>Post Code: Email:</p>
	<p>2 OPERATOR DETAILS</p> <p>Company:</p> <p>Address: Tel:</p> <p>..... Fax:</p> <p>Post Code: Email:</p>
	<p>3 COMPANY FLIGHT SAFETY OFFICER</p> <p>Name:</p> <p>Company:</p> <p>Address:</p> <p>..... Tel:</p> <p>..... Fax:</p> <p>Post Code: Email:</p>
Tick boxes as appropriate	<p>4 FLIGHT</p> <p>6.1 FLIGHT DETAILS</p> <p>Purpose of flight: <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Non-Revenue <input type="checkbox"/> Training</p> <p>Departure airfield: Departure time: Local/UTC.....</p> <p>Planned destination:</p> <p>6.2 WEIGHTS AND LOADING DETAILS (attach Load Sheet if available)</p> <p>Basic:(kg) C of G:</p> <p>Max take-off weight:(kg) Max landing weight:(kg)</p> <p>No of Crew: Weight:(kg) No of Passengers: Weight:(kg)</p> <p>Fuel type: Weight:(kg) Baggage/Freight: Weight:(kg)</p>
Delete local/UTC as appropriate	

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	5 WEATHER	
	Issue time:	Forecast
	Wind direction/Speed:	Actual
	Visibility (km):
	Weather: .....	.....
	Cloud: .....	.....
	Temperature/dewpoint: .....	.....
	TEMPO Information: .....	.....
	Light conditions:	<input type="checkbox"/> Day <input type="checkbox"/> Twilight <input type="checkbox"/> Night
	QNH: .....	.....
	Obtained from: .....	.....
Tick appropriate boxes stating other if relevant	6 AIRFIELD DETAILS (complete only if relevant)	
	Airfield name:	Runway used:
	ICAO Designator:	Runway slope:.....
	Type of: <input type="checkbox"/> Departure <input type="checkbox"/> Approach	LVPs in force: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Navigation aids used:	
	Runway surface: <input type="checkbox"/> Grass <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other	
	Surface condition: <input type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry <input type="checkbox"/> Contaminated <input type="checkbox"/> Firm <input type="checkbox"/> Soft	
Delete as appropriate Define 'Other' if appropriate Enter valid until date Enter hours in hours and minutes	7 FLIGHT CREW DETAILS	
	<u>Commander</u>	<u>Co-Pilot</u>
	Name(including title): .....	.....
	DOB: .....	.....
	Pilot flying: .....	.....
	LICENCE: Type: .....	.....
	Number: .....	.....
	Issuing Authority: .....	.....
	Valid until: .....	.....
	MEDICAL: Class: .....	.....
	Valid until: .....	.....
	Limitations: .....	.....
	RATINGS: Instrument Rating: .....	.....
	Type/Ratings: .....	.....
	Other: .....	.....
	REGENCY: Licence Prof Check: .....	.....
	Operator Prof Check: .....	.....
	Annual Line Check: .....	.....
	SEP/CRM: .....	.....
	Company Qualifications: .....	.....
	Hours: All types: .....	.....
	All types PIC: .....	.....
	On type: .....	.....
	On type PIC: .....	.....
	Last 90 days: .....	.....
	Last 28 days: .....	.....
	Last 24 hours:
	DUTY: Start of Duty Period (UTC):
	Length of Preceding Rest Period:

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<p>IMPORTANT Please enter numbers of all persons on board (including those not injured)</p>	<p>8 INJURIES TO PERSONNEL TOTAL PERSONS ON BOARD:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><u>None</u></th> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><u>Minor</u></th> <th style="width: 33%; text-align: center; border-bottom: 1px solid black;"><u>Serious</u></th> </tr> </thead> <tbody> <tr> <td>Pilot in Command:</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> </tr> <tr> <td>Second Pilot:</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> </tr> <tr> <td>Cabin Crew:</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> </tr> <tr> <td>Passengers:</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> </tr> <tr> <td>Others:</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> </tr> </tbody> </table>		<u>None</u>	<u>Minor</u>	<u>Serious</u>	Pilot in Command:				Second Pilot:				Cabin Crew:				Passengers:				Others:			
	<u>None</u>	<u>Minor</u>	<u>Serious</u>																						
Pilot in Command:																									
Second Pilot:																									
Cabin Crew:																									
Passengers:																									
Others:																									
<p>Tick damage type</p> <p>Tick damage type and define 'Other' if appropriate</p>	<p>9 SURVIVABILITY</p> <p>9.1 Damage to cockpit area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): </p> <p>9.2 Damage to flight deck area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): </p> <p>9.3 Evacuation: Exit(s) used by crew: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other</p> <p>Exits used by pax: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other</p> <p>Which emergency services attended: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance</p> <p>Other assistance provided by:</p> <p>9.4 Emergency Equipment: Details of any items which failed:</p> <p>9.5 Additional Comments:</p>																								
<p>List all airplane/engine damage</p>	<p>10 DAMAGE TO AIRCRAFT</p> <p>.....</p> <p>.....</p> <p>.....</p>																								
	<p>11 DAMAGE TO OTHER PROPERTY</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																								

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Part 1

Thank you for completing Part 1 of this form, a copy of which will be sent to the AIB Safety Data Department for inclusion in their database.

In Part 2, you are asked to provide a sketch of the site and a narrative description of the accident. Any accompanying photographs and or documents will be returned, at your request, once the investigation is complete.

If you do not want a copy of Part 2 to be sent to the NCAA please tick the box below.

Do not send a copy of Part 2 of the form to the NCAA

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Part 2

<p>Show North and site elevation (amsl). If accident occurred on an airfield for which there is no published information, please provide as much detail as possible.</p> <p>Any photographs of the site and / or aircraft would greatly assist the investigation.</p>	<p>14 SKETCH ACCIDENT SITE</p>
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