

NIGERIAN SAFETY INVESTIGATION BUREAU



SAFETY HOUSE NNAMDI AZIKIWE INTERNATIONAL AIRPORT P.M.B 7009 GARKI FCT ABUJA, NIGERIA 24hrs Emergency Lines: +234(0)8077090909, 8077090908

Aircraft Accident / Incident Report Form

Part 1

ACCIDENT DETAILS	
Occurrence:Local/UTC
Date:	Time: (delete as appropriate)
Location:	
Lat/Long or OS Grid (if not on airfield):	
NSIB 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: Serial No</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:</p> <p style="text-align: right;">Tel:</p> <p style="text-align: right;">Fax:</p> <p>Post Code: Email:</p>
	<p>2 OPERATOR DETAILS</p> <p>Company:</p> <p>Address:</p> <p style="text-align: right;">Tel:</p> <p style="text-align: right;">Fax:</p> <p>Post Code: Email:</p>
	<p>3 COMPANY FLIGHT SAFETY OFFICER</p> <p>Name:</p> <p>Company:</p> <p>Address:</p> <p style="text-align: right;">Tel:</p> <p style="text-align: right;">Fax:</p> <p>Post Code: Email:</p>
Tick boxes as appropriate	<p>4 FLIGHT</p> <p>4.1 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>4.2 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: Weigh (kg)</p>
Delete local/UTC as appropriate	

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	<p>5 WEATHER</p> <p style="text-align: center;">Forecast</p> <p>Issue time:</p> <p>Wind direction/Speed:</p> <p>Visibility (km):</p> <p>Weather:</p> <p>Cloud:</p> <p>Temperature/dew point:</p> <p>TEMPO Information:</p> <p>Light conditions: <input type="checkbox"/> Day <input type="checkbox"/> Twilight <input type="checkbox"/> Night</p> <p>QNH:</p> <p>Obtained from:</p>	<p style="text-align: center;">Actual</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																																																																																							
<p>Tick appropriate boxes stating other if relevant</p>	<p>6 AIRFIELD DETAILS (complete only if relevant)</p> <p>Airfield name: Runway used:</p> <p>ICAO Designator: Runway slope:</p> <p>Type of: <input type="checkbox"/> Departure <input type="checkbox"/> Approach LVPs in force: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Navigation aids used:</p> <p>Runway surface: <input type="checkbox"/> Grass <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other</p> <p>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</p>																																																																																								
<p>Delete as appropriate</p> <p>Define 'Other' if appropriate</p> <p>Enter valid until date</p> <p>Enter hours in hours and minutes</p>	<p>7 FLIGHT CREW DETAILS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 25%; text-align: center; border-bottom: 1px solid black;"><u>Commander</u></th> <th style="width: 30%; text-align: center; border-bottom: 1px solid black;"><u>Co-Pilot</u></th> </tr> </thead> <tbody> <tr> <td>Name (including title):</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>DOB:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Pilot flying:</td> <td style="text-align: center;">...PF/PNF.....</td> <td style="text-align: center;">PF/PNF.....</td> </tr> <tr> <td>LICENSE: Type:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Number:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Issuing Authority:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Valid until:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>MEDICAL: Class:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Valid until:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Limitations:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>RATINGS: Instrument Rating:</td> <td>...Valid..until:.....</td> <td>Valid..until:.....</td> </tr> <tr> <td>Type/Ratings:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Other:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>REGENCY: License prof check:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Operator prof check:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Annual Line Check:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>SEP/CRM</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Company Qualifications:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Hours: All types:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>All types PIC:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>On type:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>On type PIC:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Last 90 days:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Last 28 days:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Last 7 days:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Last 24 hours:</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>DUTY: Start of Duty Period (UTC):</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Length of preceding Rest Period:</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			<u>Commander</u>	<u>Co-Pilot</u>	Name (including title):	DOB:	Pilot flying:	...PF/PNF.....	PF/PNF.....	LICENSE: Type:	Number:	Issuing Authority:	Valid until:	MEDICAL: Class:	Valid until:	Limitations:	RATINGS: Instrument Rating:	...Valid..until:.....	Valid..until:.....	Type/Ratings:	Other:	REGENCY: License 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 7 days:	Last 24 hours:	DUTY: Start of Duty Period (UTC):	Length of preceding Rest Period:
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Part 1

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IMPORTANT Please enter numbers of all persons on Board (including those not injured)	<p>8 INJURIES TO PERSONNEL</p> <p>TOTAL PERSONS ON BOARD:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">None</th> <th style="width: 33%; text-align: center;">Minor</th> <th style="width: 33%; text-align: center;">Serious</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">Pilot in Command:</td> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">.....</td> <td style="border-bottom: 1px solid black;">.....</td> </tr> <tr> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">Second Pilot:</td> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">.....</td> <td style="border-bottom: 1px solid black;">.....</td> </tr> <tr> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">Cabin Crew:</td> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">.....</td> <td style="border-bottom: 1px solid black;">.....</td> </tr> <tr> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">Passengers:</td> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">.....</td> <td style="border-bottom: 1px solid black;">.....</td> </tr> <tr> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">Others:</td> <td style="border-right: 1px solid black; border-bottom: 1px solid black;">.....</td> <td style="border-bottom: 1px solid black;">.....</td> </tr> </tbody> </table>	None	Minor	Serious	Pilot in Command:	Second Pilot:	Cabin Crew:	Passengers:	Others:
None	Minor	Serious																	
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"/> Others Exits used by pax: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Others Which emergency services attended: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance 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>.....</p> <p>.....</p>																		
	<p>11 DAMAGE TO OTHER PROPERTY</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																		

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Part 1

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Thank you for completing Part 1 of this form, a copy of which will be sent to the NSIB 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>	14 SKETCH ACCIDENT SITE						

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Part 2

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15 NARRATIVE DESCRIPTION OF EVENTS

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16 YOUR ASSESSMENT OF THE CAUSE

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17 YOUR SIGNATURE

Name: Signature:
Status: Pilot in Command: Yes No
Address:
..... Tex:
..... Fax:
Post Code: Email:

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