



Aircraft Incident / Accident Report

Tick in the square boxes to indicate your answer.

1. Aircraft Type					
2. Registration Mark					
3. Name of Owner					
4. Name of Pilot					
5. Number of Crew					
6. Number of Passengers					
7. Date of Incident / Accident		/ /		Place of Incident / Accident	
8. Fatalities				Injuries	
9. Nature of Flight:					
Scheduled <input type="checkbox"/>		Non-Scheduled <input type="checkbox"/>		Training <input type="checkbox"/>	
				Other <input type="checkbox"/>	
10. Phase of Flight:					
Taxiing <input type="checkbox"/>		Take-off <input type="checkbox"/>		Climb <input type="checkbox"/>	
				Cruise <input type="checkbox"/>	
Descent <input type="checkbox"/>		Approach <input type="checkbox"/>		Landing <input type="checkbox"/>	
11. Type of Failure:					
Component <input type="checkbox"/>		System <input type="checkbox"/>		Structure <input type="checkbox"/>	
				Engine <input type="checkbox"/>	
				No. <input type="checkbox"/>	
				Type <input type="checkbox"/>	
Description of Failure					

12. Failure Resulted in:			
Delay <input type="checkbox"/>	Forced Landing <input type="checkbox"/>	Rejected Take-off <input type="checkbox"/>	Fire in Mid Air <input type="checkbox"/>
Fire on Ground <input type="checkbox"/>			
13. Aircraft Grounded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14. Damage Assessment to Aircraft			
Minor Damage <input type="checkbox"/>	Major Damage <input type="checkbox"/>	No Damage <input type="checkbox"/>	
<u>Details of Damage</u>			
15. Action Taken or Planned Action			

I hereby certify that the above particulars are correct in every respect.

Signature:

Name:

Designation:

Licence No.:

Date: