KINGDOM OF SAUDI ARABIA
AVIATION INVESTIGATION BUREAU

Accident/Incident Reporting Form

This Form must be sent to the email address: **report@aib.gov.sa** or Faxed to +966-2-685-4250.

Reporter Information: (DO NOT delay the notification if the information is not complete)

Reporter Name	Title	Organization	Office Tel.	Mobile	Email

Accident/Incident Details

Date	Time (☐Local/☐UTC)	☐ Day/ ☐ Night	Location (Latitude and Longitude if available)

Aircraft 1- Information

Manufacturer	Model	Registration	Nationality	Serial Number	Route: From	To	Name of Operator

Aircraft 1- Crew

Pilot-in-Command	PIC License No.	First Officer	F/O License No.	Flight Engineer	F/E License. No

Aircraft 1- Flight Phase

☐ Parked ☐ Push-Back ☐ Taxi-out ☐ Takeoff ☐ Climb ☐ Cruise ☐ Descent ☐ Holding
☐ Approach ☐ Landing ☐ Taxi-in ☐ Parked in ☐ Others _____

Aircraft 2- Information

Manufacturer	Model	Registration	Nationality	Serial Number	Route: From	To	Name of Operator

Aircraft 2- Crew

Pilot-in-Command	PIC License No.	First Officer	F/O License No.	Flight Engineer	F/E License. No

Aircraft 2- Flight Phase

☐ Parked ☐ Push-Back ☐ Taxi-out ☐ Takeoff ☐ Climb ☐ Cruise ☐ Descent ☐ Holding
☐ Approach ☐ Landing ☐ Taxi-in ☐ Parked in ☐ Others _____

Vehicle/Equipment Involved

Registration	Type	Company/Owner	Driver Name	ID No	Contact

Injuries:

Injuries	Crew	Passengers	Total	Others	Total
Fatal					
Serious					
Minor					
None					

Damage to Aircraft

☐ Destroyed ☐ Substantial ☐ Minor ☐ None ☐ Unknown

Details:_____

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Weather at the site

Prior to event: _____

At the time of event: _____

Actual: _____

Forecast: _____

Dangerous Cargo

☐ Explosives ☐ Radio Active ☐ Others: _____

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Description of the event

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Description of the event (….continued from page 2)

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Description of the event (….continued from page 3)