

Accident and Incident Notification Form

INSTRUCTIONS

Please fill in the First Notification / Update Occurrence Report form. This form must be completed for all aircraft with a maximum certificated take-off weight above 2,250kg involved in an accident or serious incident (see Annex 13 for definition). Fields with titles in **bold** are mandatory and fields with titles in *italics* are optional.

FIRST NOTIFICATION

UPDATE

ADMINISTRATIVE INFORMATION										
SECTION A	REPORTER'S NAME :					REPORTER'S ORGANIZATION :				
	TITLE :			TELEPHONE :			DATE (mm / dd / yyyy) :			
	E-MAIL :			REFERENCE NUMBER			SCOPE OF INVESTIGATION : <i>If delegated :</i>			
SECTION B	INITIAL NOTIFICATION (In Occurrence category at least one check box must be checked, for Others option please write the name of the occurrence to the text field.)									
	OCCURRENCE CLASS :					OCCURRENCE CATEGORY :				
	<input type="checkbox"/> Accident <input type="checkbox"/> Serious Incident <input type="checkbox"/> Incident									
	DATE OF OCCURRENCE (dd /mm/yyyy) UTC :			TIME (hh:mm) UTC :			STATE OF THE OCCURRENCE :			
	LOCATION :			LATITUDE : Deg / Min / Sec N S			LONGITUDE : Deg / Min / Sec N S			
	INJURY LEVEL :		PERSONS ON BOARD (Please fill each field, write 0 for no injury, in case of unknown please use dash sign.)							
	<input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/> Unknown		ON BOARD		CREW		PASSENGER		OTHERS	
			FATAL							
			SERIOUS							
			MINOR							
Aircraft details (For departure and destination airport please use 4 letter ICAO codes) Second Aircraft Add Remove 										
AIRCRAFT TYPE :		SERIAL NUMBER :			STATE OF REGISTRY :		REGISTRATION :		MASS GROUP :	
OPERATOR :		STATE OF OPERATOR :			TYPE OF OPERATION : International Passenger Scheduled Commercial				YEAR OF BUILD :	
CALL SIGN :	DEPARTED FROM :		DESTINATION :		FLIGHT RULE :	FL	ALT/HT(FT)	IAS (KT)	TCAS RA	
									YES NO	

SECTION C	FLIGHT PHASE :						DAMAGE LEVEL :			
	Standing		En-route		Uncontrolled descent		Destroyed			
	Taxi		Approach		Post impact		Substantial Damage			
Take off		Landing		Pushback / towing		Minor Damage				
Initial climb		Emergency descent		Others :		None				
						Unknown				
NARRATIVE :										
SUPPLEMENTARY INFORMATION										
<i>WIND</i>		<i>CLOUD</i>		<i>PRECIPITATION</i>	<i>OTHER METEOROLOGICAL CONDITIONS</i>				<i>RUNWAY STATE</i>	
DRC.	SPEED	TYPE	HT (FT)		VISIBILITY Km NM	ICING	TURBULANCE	TEMP. (°C)		
333	33,333	f f	f f		Please choose	Please choose			Category	
DANGEROUS GOODS ON FLIGHT					<i>If yes UN Number :</i>		LIGHT CONDITION			
YES	NO	UNKNOWN					Dawn	Day	Night	Unknown
<i>SUPPLEMENTARY INFORMATION:</i>										



Usage instructions:

- 1 Download the PDF form from GACA Website
- 2 Fill in the form using Acrobat Reader in your desktop, laptop or tablet
- 3 Save the form or print for reference and make update
- 4 Submit the form
- 5 Check your e-mail for acknowledgement