



**MINISTRY OF TRANSPORT, INFRASTRUCTURE, HOUSING AND URBAN
DEVELOPMENT**
STATE DEPARTMENT OF TRANSPORT
AIR ACCIDENT INVESTIGATION

Section/division AIID

occurrence Reporting form

Form Number: MOT&I /AAID/F/01

AIR ACCIDENT INVESTIGATION-INITIAL NOTIFICATION FORM

					Reference Number:						
Date (reported)		Time (reported)			Originator						
(A) Aircraft Registration					Type of Aircraft						
(B) Name of Owner					Name of Operator						
(C) Name of Pilot-in-command					Telephone number for Pilot-in-command						
(D) Date of Accident						Time of Accident					
(E) Last point of departure											
Next point of intended landing											
(F) Location of the accident site with reference to easily defined geographical points (GPS readings if possible)											
(G) No. of people on board						No. of people injured					
(H) Nature of the accident as far as is known											
(I) Nature of accident site											
(J) Name of reporter											
Telephone number of reporter											
(K) Name of Police station informed					Telephone No. (Police)						
(L)											