

Aircraft Accident / Incident Reporting Form (ACCID / INCID)

*Delete as appropriate

Personal particulars of reporter:

Your name	Today's date	Role of reporter in relation to the aircraft:		<input type="checkbox"/> Aerodrome operator
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pilot in command	<input type="checkbox"/> Operator	<input type="checkbox"/> Other (please specify):
		<input type="checkbox"/> Pilot flying	<input type="checkbox"/> Air Traffic Controller	<input type="text"/>
		<input type="checkbox"/> Owner	<input type="checkbox"/> Rescue/fire service	

Contact Address

Telephone

Facsimile

Email

Crew / operator / passenger particulars:

Name and qualification of pilot in command	Telephone
<input type="text"/>	<input type="text"/>

Name of pilot flying at the time of occurrence	Telephone
<input type="text"/>	<input type="text"/>

Name of additional crew (if applicable)	Telephone
<input type="text"/>	<input type="text"/>

Nationality of crew and passengers (if available)

Aircraft nationality and registration	Flight number	Aircraft manufacturer and model	Aircraft serial no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of aircraft owner	Name of aircraft operator and hirer (if any)
<input type="text"/>	<input type="text"/>

Operator's telephone	Operator's facsimile	Operator's email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Accident/Incident details:

Date of occurrence *(Local#/UTC)	Time of occurrence *(Local#/UTC)	Position of the aircraft with reference to some easily defined geographical point and latitude and longitude
<input type="text"/>	<input type="text"/>	<input type="text"/>

Local time of the place of occurrence

Last departure point	Departure time	Next point of intended landing	Actual point of landing (if different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of persons on board:

Total crew	No. with no injuries	No. with minor injuries	No. with serious injuries	No. of fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total passengers	No. with no injuries	No. with minor injuries	No. with serious injuries	No. of fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Persons injured on the ground:	No. with minor injuries	No. with serious injuries	No. of fatalities
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extent of damage to the aircraft:

Destroyed

Substantial

Minor

None

Please describe the damage:

Please describe the accident or incident:

Please enclose additional sheets as necessary

Please describe the physical characteristics of the accident or incident area (including an indication of access difficulties or special requirements to reach the site (if applicable)):

Any dangerous goods on board the aircraft:

Yes

No

Please provide details of the dangerous goods on board (if yes):

When completed, send the report to the AAIA by at least one of the following means:

Tel: (852) 9518 5800 (duty)

Fax: (852) 2910 6049

Email: ACCID@tlb.gov.hk

AFTN: VHHHYLYX

Post: Air Accident Investigation Authority, Transport and Logistics Bureau, Level G, Facility Building, 1 Tung Fai Road, Hong Kong International Airport, Lantau, Hong Kong