



Aviation Accident or Incident Notification

Australian Transport Safety Bureau

Indicates required information

Personal particulars of reporter:

Your name Today's date

Role of reporter in relation to the aircraft:

Crew Air Traffic Controller CASA
 Owner Rescue/fire service Aerodrome operator
 Operator LAME Other

Contact address State Code

Telephone Facsimile Email

Crew and operator particulars:

Name of pilot in command Nationality Type of licence held Licence number/ARN Telephone

Name of pilot flying at the time of occurrence Nationality Type of licence held Licence number/ARN Telephone

Name of additional crew (if applicable) Nationality Crew position Telephone

Aircraft registration Flight number Aircraft manufacturer and model

Name of aircraft owner Aircraft operator (e.g. AOC holder/flying school) If under hire name of aircraft renter/hirer

Operator's telephone Facsimile Email

Accident/incident details:

Date of occurrence Local time Location e.g. name of airport or 27 NM west of Bowral, NSW (include latitude & longitude if possible)

Last departure point Departure time First point of intended landing Actual point of landing (if different)

Number of persons on board: If known, names and nationalities of all serious injuries and fatalities, please enclose additional page/s as necessary.

Total crew on board	No. with no injuries	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Aircraft damage: Destroyed Substantial Minor Nil Damage description

Effect on flight: None Rejected takeoff Precautionary landing Engine/s shut down Other

Weather conditions:

Wind (speed, direction and gusts) Visibility Precipitation Cloud (type, amount and base) Temperature

Other information relevant to the event:

Flight rules: VFR IFR Flight conditions: VMC IMC Light conditions: Daylight Night Dawn Dusk
 Aircraft standing Taxing Takeoff Climb En-route
 Manoeuvring Descent Approach Landing Other

Airspace designation Height/altitude of occurrence Runway number

Type of operation:

Flying training – solo Flying training – dual Military Sports aviation Gliding Air transport – passenger
 *Charter *Private *Agricultural *Aerial work *Other Air transport – cargo

*Purpose of flight

Wildlife strike:

Was a bird or animal involved

No
Yes

No. of birds

Small

Medium

Large

Species

No. of animals

Species

Please fully describe the accident or incident:

All relevant documentation should be forwarded to ATSB. Include your suggestions as to how this type of occurrence could be prevented.

Please enclose additional page/s as necessary

Factors contributing to the occurrence:

Did this occurrence involve a false indication No
Yes (e.g. instrument, landing gear, fire warning)

Do you think that maintenance of the aircraft was a factor No
Yes

Did an aircraft component fail No
Yes

Do you think aircraft design was a factor in this occurrence No
Yes

Are there any human performance issues or deficiencies in the aviation system that may have contributed to this occurrence?

No
 Yes Distracting events/interruptions Environment (noise, visibility) Equipment design Fatigue
 Interpersonal problems at work Knowledge or experience Medical/physiological factors
 High workload Pre-occupation Training Recency
 Other

Results of operator's technical and/or operational investigation at time of submitting report or Chief Pilot /CFI comments where applicable

Please enclose additional page/s as necessary

Action carried out by operator to prevent recurrence

For accidents only:

For accidents (occurrences involving fatalities or serious injuries to any person in the aircraft or on the ground, substantial damage or destroyed aircraft) only, please include the following information:

Additional pilot in command details:

Date of birth: Total flying hours Total hours last 90 days Hours on type Hours on type last 90 days

ELT information:

ELT manufacturer and model Fixed Portable

Manual activation Automatic Did not activate (why?)

ELT location Cockpit Cabin Rear/tail Other

Privacy notice: The Australian Transport Safety Bureau collects information for the purposes of enhancing transport safety. The collection of aviation accident and incident information is required in connection with the Transport Safety Investigation Act 2003. Some information may be disclosed to the Civil Aviation Safety Authority (CASA) and other bodies or individuals for the purpose of enhancing aviation safety. Where possible the identity of individuals will be protected. If the information is the subject of an investigation, it will only be used and disclosed in accordance with the *Transport Safety Investigation Act 2003*.

When complete, post to: ATSB Notifications Reply Paid 967, PO Box 967, Civic Square, ACT 2608. No postage stamp required. Or Fax to 02 6274 6434