



MINISTRY OF WORKS AND TRANSPORT

AIRCRAFT ACCIDENT AND INCIDENT INVESTIGATION UNIT

AIRCRAFT ACCIDENT/ SERIOUS INCIDENT NOTIFICATION FORM (AIIU-FM-06)

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cc	State of registry	_____	State of the Operator	_____	ICAO	_____		
	State of Manufacture	_____	State of Design	_____				
a.	Identification (ACCID / SINCID / INCID)		ACCID Accident	☐	SINCID Serious Incident	☐	INCID Incident	☐
b.	Aircraft Data							
	1. Manufacturer		_____					
	2. Model		_____					
	3. Nationality		_____					
	4. Registration		_____					
	5. Serial Number		_____					
c.	Name and Address of:							
	1. Owner		_____					
	2. Operator		_____					
	3. Hirer		_____					
d.	Qualification of the Pilot-in-Command and nationality of crew and passengers		_____ _____					

e.	Date of Accident or Serious Incident	_____			
	Time of Accident or Serious Incident	Local Time:	_____	UTC:	_____
f.	Last Point of Departure	_____			
	Point of Intended Landing	_____			
g.	Location of the Accident or Serious Incident	_____ _____			
h.	Number of crew and passengers; persons on board, killed and seriously injured. Others: killed and seriously injured.	Persons on board: Crew ____ Passengers ____ Fatal: Crew ____ Passengers ____ Others ____ Serious Injury: Crew ____ Passengers ____ Others ____ Minor Injury: Crew ____ Passengers ____ Others ____			
i.	Description of the Accident / Serious Incident	_____ _____ _____ _____			
j.	Level of Damage to Aircraft	☐ Destroyed ☐ Substantial ☐ Minor ☐ None			
k.	Extent of Investigation	_____ _____			
l.	Physical Characteristics of the Accident / Serious Incident Area	_____ _____			
m.	Presence and Description of Dangerous Goods	_____ _____			

n.	Identification of originating authority, contact details of the investigator-in-charge and accident investigation authority	
o.	Name, Organization and Contact Information of Person / Organization Submitting Notification	Name: Title: Organization: Address: Telephone: Email: