

Form B

Report No :

Date :/...../.....

ACCIDENT / OCCURRENCE REPORT – OPERATION

| | | | | | |
|---|--|-----|--|------------|--|
| Operator | | | | | |
| Type of Operation | | | | | |
| Date of Accident / Occurrence | | | | | |
| Time of Accident / Occurrence (UTC) | | | | | |
| Accident / Occurrence Location Physical Characteristics of Accident Region | | | | | |
| A/C Registration | | | | | |
| A/C Type, S/N | | | | | |
| Flight Number | | | | | |
| The last departure point and next point that the aircraft intended to land | | | | | |
| Phase of Flight APRON-Parking place no. TWY-letter / no SID / STAR RWY-no En-route | | | | | |
| Flying Time (If the accident / occurrence happened after the departure) | | | | | |
| Last ATC sector contacted by aircraft (GND/TWR/APP/En-route) | | | | | |
| Preliminary damage status of A/C | | | | | |
| Flight team provided and / or latest Meteorology report / information received by Flight team - METAR, TAF, SPECI, SNOWTAM etc. - AWOS/ATIS, VOLMET BROADCAST | | | | | |
| Name and Surname of Captain | | Age | | License No | |
| Name and Surname of Co-pilot | | Age | | License No | |
| Name and Surname, License No of Cabin Crew | | | | | |

Other Information

| Person and Passenger No | Fatalities and wounded | Damage to the 3 rd. Parties |
|-------------------------|------------------------|-----------------------------|
| | | |

Dangerous Goods

| UN/ID No | Proper Transportation - Name / Description | Class or Unit | Alt Risk | DGR Label | PG | Passenger and Cargo A/C | | | | Cargo A/C only | | S.P | ERG Code |
|----------|---|---------------|----------|-----------|----|-------------------------|-----------------|----------|-----------------|-------------------|-----------------|-----|----------|
| | | | | | | Pkg Inst | Max Net Qty/Pkg | Pkg Inst | Max Net Qty/Pkg | Pkg Inst | Max Net Qty/Pkg | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Explanation of Accident / Occurrence

| |
|---|
| Probable Causes : |
| Remarks / Recommendations : |

Filling the Form

Name and Surname : _____

Company : _____

Occupation : _____

Signature : _____