

NOTIFICATION OF ACCIDENT / SERIOUS INCIDENT

1. Information about the accident / serious incident			
a) The identifying abbreviation	<input type="checkbox"/> ACCID (accident) <input type="checkbox"/> INCID (serious incident)		
b) Manufacturer, model, nationality and registration marks, and serial number of the aircraft	Manufacturer: Model: Serial number: Nationality: Registration Mark:		
c) Name of owner, operator and hirer, if any, of the aircraft	Name of owner: Name of operator:		
d) Qualification of the pilots			
e) Nationality of crew and passengers			
f) Date and time (local time or UTC) of the accident or serious incident	Date (dd/mm/yy): Time: <input type="checkbox"/> Local Time <input type="checkbox"/> UTC		
g) Last point of departure and point of intended landing of the aircraft	Last point of departure: Point of intended landing:		
h) Position of the aircraft with reference to some easily defined geographical point and latitude and longitude	Latitude: Longitude: Elevation: Reference to geographical point:		
i) Number of crew and passengers: aboard, killed and seriously injured; others: killed and seriously injured	Crew Total aboard: Killed: Serious injured:	Passengers Total aboard: Killed: Serious injured:	Others <i>(For example, people on ground)</i> Killed: Serious injured:
j) Description of the accident and the extent of damage to the aircraft so far as it is known			
k) Actions taken by local authorities			
l) Physical characteristics of the accident or serious incident area, as well as an indication of access difficulties or special requirements to reach the site			
m) Presence and description of dangerous goods on board the aircraft			

2. Identification the reporter	
This notification is submitted by:	
<input type="checkbox"/> Pilot in command of the involving aircraft	<input type="checkbox"/> Director of the airport / heliport in which the accident or serious incident occurred
<input type="checkbox"/> Operator of the involving aircraft	<input type="checkbox"/> Air Traffic Controller or air traffic service provider in Macao SAR
Signature:	Date Signed (dd/mm/yy):
Name (Block Capitals):	Position:
Company:	