澳門特別行政區
REGIÃO ADMINISTRATIVA ESPECIAL DE MACAU
民航局
AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

1. Basic Information

1.1. Date *(dd/mm/yy)*: ..... **1.2. Local time of occurrence:** .....

1.3. Location:

(a) City/place name (or direction & distance from known place): .....

(b) Province/State: .....

(c) Country: .....

(d) Latitude *(dd:mm:ss N/S)*: ..... (e) Longitude *(dd:mm:ss E/W)*: .....

1.4. Phase of operation *(tick applicable)*

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover

☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other

☐ Decent ☐ Landing ☐ Approach ☐ Unknown

1.5. Collision with other aircraft *(tick applicable)*

☐ Midair ☐ On ground ☐ None

1.6. Altitude of in-flight occurrence: ..... ft MSL (mean sea level)

2. Aircraft Information

2.1. Aircraft registration: ..... **2.2. Aircraft manufacturer:** .....

2.3. Aircraft type/model: ..... **2.4. Aircraft serial number:** .....

2.5. Certificate of Registration No.: ..... **2.6. CoR valid until** *(dd/mm/yy)*: .....

2.7. Certificate of Airworthiness No.: ..... **2.8. CoA valid until** *(dd/mm/yy)*: .....

2.9. Classification of the aircraft (tick applicable)

☐ Aeroplane (Landplane) ☐ Aeroplane (Seaplane) ☐ Aeroplane (Amphibian) ☐ Helicopter (Landplane)

☐ Helicopter (Seaplane) ☐ Helicopter (Amphibian) ☐ Other *(please specify)*: .....

2.10. Category of the Certificate of Airworthiness (tick applicable)

☐ Commercial air transport category (Passenger) ☐ Commercial air transport category (Cargo)

☐ Aerial work category ☐ Private category

☐ Special category ☐ Other *(please specify)*: .....

2.11. Number of seats

(a) Flight crew: ..... (b) Cabin crew: ..... (c) Passengers: .....

2.12. Maximum certificated take-off mass: ..... lbs / kg *(circle unit of measurement used)*

2.13. Maximum certificated landing mass: ..... lbs / kg *(circle unit of measurement used)*

2.14. Weight at the time of accident/incident: ..... lbs / kg *(circle unit of measurement used)*

2.15. Location of center of gravity at time of accident/incident (tick applicable)

☐ ..... inches from nose / datum *(circle applicable)* ☐ ..... percent mean aerodynamic cord (% MAC)

2.16. Landing gear *(tick applicable)*

☐ Retractable ☐ Tricycle ☐ Amphibian ☐ Float

☐ Emergency Float ☐ Tailwheel ☐ High skid ☐ Skid

☐ Ski ☐ Ski/wheel ☐ Hull ☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

2. Aircraft Information

2.17. Type of maintenance program *(tick applicable)*

☐ Annual ☐ Conditional

☐ Manufacturer's inspection program ☐ Other approved inspection program

☐ Continuous airworthiness ☐ Other *(please specify)*: .....

2.18. Last inspection

(a) Date of last inspection *(dd/mm/yy)*: .....

(b) Inspection type *(tick applicable)*

☐ 100 hours ☐ Annual ☐ Conditional inspection ☐ Other approved inspection program

☐ Continuous airworthiness ☐ Unknown ☐ Other *(please specify)*: .....

2.19. Airframe total time: ..... hours

Airframe total time was measured at *(tick applicable)*: ☐ Last inspection ☐ Time of accident/incident

2.20. IFR equipped *(tick applicable)*

☐ Yes ☐ No ☐ Unknown

2.21. Stall warning system installed *(tick applicable)*

☐ Yes ☐ No ☐ Unknown

2.22. Type of fire extinguishing system *(tick applicable)*

☐ None ☐ Other *(please specify)*: .....

2.23. Emergency locator transmitter (ELT)

(a) ELT installed? *(tick applicable)* ☐ Yes ☐ No *(no need to answer (b) to (i) below)*

(b) Manufacturer: ..... (c) Model/series: .....

(d) Part number: ..... (e) Serial number: .....

(f) Battery type: ..... (g) Battery expiry date *(dd/mm/yy)*: .....

(h) ELT activated? *(tick applicable)* ☐ Yes ☐ No

(i) ELT aided in locating accident/incident? *(tick applicable)* ☐ Yes ☐ No

2.24. Engine Type

☐ Turbo jet ☐ Turbo fan ☐ Turbo prop ☐ Turboshaft

☐ Reciprocating ☐ Unknown ☐ Other *(please specify)*: .....

2.25. Reciprocating fuel system type

☐ Carburetor ☐ Fuel injected

2.26. Propeller

☐ Fixed pitch ☐ Controlled pitch

(a) Manufacturer: ..... (b) Model: .....

2.27. Engine

	Manufacturer	Type/Model	Serial Number	Engine rated power measured as *(tick applicable)* ☐ Horsepower ☐ lbs of thrust	Date of manufacturer *(dd/mm/yy)*	Total hour	Total cycle	Hour since overhaul	Cycle since overhaul
(1)									
(2)									
(3)									
(4)									

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

2. Aircraft Information

2.28. Auxiliary power unit (APU)

Manufacturer	Type / Model	Serial Number	Date of manufacturer *(dd/mm/yy)*	Total hour	Total cycle	Hour since overhaul	Cycle since overhaul

3. Owner/Operator Information

3.1. Registered owner of aircraft

(a) Fractional ownership aircraft? *(tick applicable)* ☐ Yes ☐ No

(b) Name: .....

(c) Address: .....

(d) Telephone: ..... (e) Fax: .....

3.2. Operator of aircraft

(a) Same as registered owner? *(tick applicable)* ☐ Yes ☐ No

(b) Name: .....

(c) Address: .....

(d) Telephone: ..... (e) Fax: .....

(f) Air Operator Certificate No.: ..... (g) AOC valid until *(dd/mm/yy)*: .....

3.3. Type of Operator *(tick applicable)*

☐ Airline ☐ Charter ☐ Corporate ☐ Private

☐ Fixed base ☐ Aero club ☐ Aerial Work ☐ Aerial Agriculture

☐ A/C Manufacturer ☐ Government ☐ Flying School ☐ Police

☐ Other *(please specify)*: ……..

3.4. Type of Operation

3.4.1. ☐ **Air Transport** *(tick applicable)*

☐ International ☐ Domestic ☐ Passenger ☐ Cargo

☐ Scheduled ☐ Non-scheduled ☐ Charter ☐ Ferry

☐ Training ☐ High capacity ☐ Low capacity ☐ Other

3.4.2. ☐ **General Aviation** *(tick applicable)*

(a) Instructional

☐ Check ☐ Dual ☐ Solo ☐ ICUS

☐ Other Training (please specify): .....

(b) Non Commercial

☐ Business ☐ Corporate / executive ☐ Pleasure / travel ☐ Practice

☐ Aerial Agriculture ☐ Aerial survey, etc ☐ Aerial / ambulance ☐ Police

☐ AACM ☐ Other *(please specify)*: .....

(c) Commercial

☐ Coastal surveillance ☐ Fish spotting ☐ Construction work ☐ Photo/survey

☐ Aerial advertising ☐ Aerial mapping ☐ Aerial agriculture - other ☐ Powerline / pipeline patrol

☐ Unknown ☐ Other *(please specify)*: .....

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

3. Owner/Operator Information

(d) Charter

☐ Passenger ☐ Cargo ☐ Aerial ambulance

(e) Miscellaneous

☐ Experiment ☐ Parachute jump ☐ Police activities ☐ Test

☐ Media Operations ☐ Ferry ☐ Demonstration ☐ Search & Rescue

☐ Unknown ☐ Other *(please specify)*: .....

4. Other Aircraft – Collision *(If air or ground collision occurred, complete this section for other aircraft)*

4.1. Aircraft registration: ..... **4.2. Aircraft manufacturer:** .....

4.3. Aircraft type/model: .....

4.4. Damage to other aircraft *(tick applicable)*

☐ Destroyed ☐ Substantial ☐ Minor ☐ None

4.5. Registered owner of other aircraft

(a) Name: .....

(b) Address: .....

4.6. Pilot of other aircraft

(a) Name: .....

(b) Address: .....

5. Mechanical Malfunction/Failure *(If more space is needed, continue on separate sheet)*

5.1. Was there mechanical malfunction/failure? *(tick applicable)*

☐ Yes *(answer 5.2)* ☐ No ☐ Unknown

5.2. Information about the malfunction part:

Name	Manufacturer	Part No.	Serial No.	Description of the failure	Total hour	Total cycle	Hour since inspection / overhaul	Cycle since inspection / overhaul

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

6. Damage to Aircraft and Other Property

6.1. Damage to aircraft *(tick applicable)*

☐ Destroyed ☐ Substantial ☐ Minor ☐ None

6.2. Aircraft fire? *(tick applicable)*

☐ None ☐ In-flight ☐ On-ground ☐ Both ground and in-flight

☐ Unknown origin

6.3. Aircraft explosion? *(tick applicable)*

☐ None ☐ In-flight ☐ On-ground ☐ Both ground and in-flight

☐ Unknown origin

6.4. Description of damage to aircraft and other property? *(use additional sheet if necessary)*

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

7. Airport Information *(If the accident/incident occurred on approach, take-off or within 5 km of an airport, complete this section)*

7.1. Airport identifier: .....

7.2. Airport name: .....

7.3. Distance from airport center: ..... nm / km *(circle unit of measurement used)*

7.4. Direction from airport: ..... degrees MAG

7.5. Airport elevation: ..... ft MSL

7.6. Proximity to airport *(tick applicable)*

☐ Off airport/airstrip ☐ On airport ☐ On airstrip

7.7. Approach segment *(select one)*

☐ On instrument approach ☐ Landing ☐ Base leg ☐ Final

☐ Cross wind ☐ Downwind ☐ Low approach ☐ Go around

☐ Aborted landing (after touchdown)

7.8. IFR approach *(tick applicable)*

☐ None ☐ ADF/FDB ☐ SDF ☐ VOR/TVOR

☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep

☐ ILS ☐ Localizer only ☐ LOC – back course ☐ RNAV

☐ MLS ☐ LDA ☐ ASR ☐ Visual

☐ Contact ☐ Circling ☐ Practice ☐ GPS

☐ Loran ☐ Unknown

7.9. VFR approach *(tick applicable)*

☐ None ☐ Traffic pattern ☐ Straight-in ☐ Valley/terrain following

☐ Go around ☐ Full stop ☐ Stop and go ☐ Touch and go

☐ Simulated forced landing ☐ Forced landing ☐ Precautionary landing ☐ Unknown

7.10. Runway information

(a) Runway ID: ..... (L / R / C) *(circle applicable)* (b) Length: ..... ft (c) Width: ..... ft

7.11. Runway/landing surface *(tick applicable)*

☐ Asphalt ☐ Concert ☐ Dirt ☐ Grass/turf

☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/wood

☐ Snow ☐ Water ☐ Unknown

7.12. Condition of runway/landing surface *(tick applicable)*

☐ Dry ☐ Holes ☐ Ice covered ☐ Rough

☐ Rubber deposits ☐ Slush covered ☐ Snow-compacted ☐ Snow-crusted

☐ Snow-dry ☐ Snow-wet ☐ Soft ☐ Vegetation

☐ Water-calm ☐ Water-choppy ☐ Water-Glassy ☐ Wet

☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

8. Flight Itinerary Information

8.1. Last departure point

(a) Airport identifier: ..... (b) City: ..... (c) Country: .....

8.2. Time of departure

(a) Local time: ..... (b) Time zone: .....

8.3. Destination

(a) Airport identifier: ..... (b) City: ..... (c) Country: .....

8.4. Type of flight plan filed *(tick applicable)*

☐ None ☑ Company VFR ☐ Miltary VFR ☐ VFR

☐ VFR/IFR ☐ Unknown **Activated?** ☐ Yes ☐ No

8.5. Type of ATC clearance/service *(tick applicable)*

☐ None ☐ VFR ☐ Special VFR ☐ IFR

☐ Special IFR ☐ VFR on top ☐ VFR flight following ☐ Traffic advisory

☐ Cruise ☐ Unknown ☐ N/A

8.6. Airspace where accident/incident occurred *(tick applicable)*

☐ Class A ☐ Class B ☐ Class C ☐ Class D

☐ Class E ☐ Class G ☐ Demo area ☐ Warning area

☐ Prohibited area ☐ Restricted area ☐ Military operations area (MOA) ☐ Airport advisory area

☐ Jet training area ☐ Air traffic control area ☐ Special ☐ Unknown

8.7. Aircraft load description *(tick applicable)*

☐ None ☐ Passenger ☐ Cargo ☐ Towing glider

☐ Towing banner ☐ Parachutists ☐ Livestock ☐ Water

☐ Chemical/fertilizer/seeds ☐ Unknown

9. Fuel & Service Information

9.1. Fuel on board at last takeoff: ..... lbs / kg / gallon *(circle unit of measurement used)*

9.2. Aircraft load description *(tick applicable)*

☐ 80/87 ☐ 100 low lead ☐ 100/130 ☐ 115/145

☐ Jet A ☐ Automotive ☐ JP3 ☐ JP4

☐ JP5 ☐ Other *(please specify)*: .....

9.3. Other service, if any, prior to departure

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

10. Evacuation of Aircraft

10.1. Was an emergency evacuation of the aircraft performed? *(tick applicable)*

☐ Yes ☐ No

10.2. Method of exit *(describe how the occupants exited and how many occupants evacuated each location)*

11. Weather Information at the Accident/Incident Site

11.1. Weather observation facility

(a) Facility ID: ..... (b) Observation time (local time): .....

(c) Distance from accident site: ..... nm / km *(circle unit of measurement used)*

(d) Direction from accident site: ..... degrees MAG

11.2. Source of weather information *(tick applicable)*

☐ National weather service ☐ Flight service station ☐ TV/radio ☐ Automated report

☐ Company ☐ Military ☐ Commercial weather service ☐ Internet

☐ Unknown ☐ Other *(please specify)*: .....

11.3. Method of briefing *(tick applicable)*

☐ In person ☐ Teletype ☐ Telephone/Computer ☐ Aircraft radio

☐ TV/radio ☐ Unknown ☐ Other *(please specify)*: .....

11.4. Briefing type/completeness *(tick applicable)*

☐ Full ☐ Partial / limited by pilot ☐ Partial / limited by briefer ☐ Abbreviated

☐ Not pertinent ☐ Unknown ☐ Other *(please specify)*: .....

11.5. Light condition *(tick applicable)*

☐ Dawn ☐ Day ☐ Dusk ☐ Night

☐ Dark night ☐ Bright night ☐ Not reported

11.6.Visibility: ..... nm / km *(circle unit of measurement used)*

11.7. Sky/lowest cloud condition *(tick applicable)*

☐ Clear ☐ Few ☐ Partial obscuration ☐ Scattered

☐ Thin broken ☐ Thin overcast ☐ Unknown

Lowest cloud condition height: ..... feet

11.8. Ceiling *(tick applicable)*

☐ None (clear) ☐ Broken ☐ Overcast ☐ Obscured

☐ Indefinite ☐ Unknown

Ceiling height: ..... feet

11.9. Restriction to visibility *(tick applicable)*

☐ None ☐ Blowing dust ☐ Blowing sand ☐ Blowing snow

☐ Blowing spray ☐ Dust ☐ Fog ☐ Ground fog

☐ Haze ☐ Ice fog ☐ smoke ☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

11. Weather Information at the Accident/Incident Site

11.10. Wind direction *(tick applicable)*

☐ Indicated: ..... degree MAG ☐ Variable

11.11. Wind direction *(tick applicable)*

☐ Velocity: ..... kts ☐ Calm ☐ Light and variable

11.12. Wind Gust *(tick applicable)*

☐ Velocity: ..... kts ☐ Gusting ☐ No gusting

11.13. Type of turbulence *(tick applicable)*

☐ None ☐ Clear air ☐ In clouds ☐ Vicinity of thunderstorm

11.14. Severity of turbulence *(tick applicable)*

☐ Extreme ☐ Severe ☐ Moderate ☐ Moderate chop

☐ Light

11.15. NOTAMs (D, L and FDC), AIRMETs, SIGMETs,PIREPs in effect at the time of the accident/incident

11.16. Temperature: ..... ºC / ºF *(circle unit of measurement used)*

11.17. Altimeter setting: ..... inHg / MB *(circle unit of measurement used)*

11.18. Density altitude: ..... ft / meter *(circle unit of measurement used)*

11.19. Dew point: ..... ºC / ºF *(circle unit of measurement used)*

11.20. Icing forecast *(tick applicable)*

(a) Amount

☐ None ☐ Trace ☐ Light ☐ Moderate

☐ Sever

(b) Type

☐ Rime ☐ Clear ☐ Mixed

11.21. Icing actual *(tick applicable)*

(a) Amount

☐ None ☐ Trace ☐ Light ☐ Moderate

☐ Sever

(b) Type

☐ Rime ☐ Clear ☐ Mixed

11.22. Type of precipitation *(tick applicable)*

☐ None ☐ Rain ☐ Snow ☐ Hail

☐ Rain showers ☐ Freezing rain ☐ Snow shower ☐ Drizzle

☐ Ice pellets ☐ Snow pellets ☐ Snow grains ☐ Ice crystals

☐ Ice pellets shower ☐ Freezing drizzle

11.23. Intensity of precipitation *(tick applicable)*

☐ Light ☐ Moderate ☐ Heavy

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

12. Pilot 'A' Information

12.1. Pilot 'A' identification

(a) Name: .....

(b) Address: .....

(c) Date of last inspection *(dd/mm/yy)*: ..... (d) Age at time of accident/incident: .....

(e) License number: ..... (f) License expiry date*(dd/mm/yy)*: .....

12.2. Pilot 'A' responsibilities at the time of accident/incident *(tick applicable)*

☐ Pilot ☐ Co-pilot ☐ Student pilot ☐ Flight instructor

☐ Check pilot ☐ Flight engineer ☐ Other flight crew

12.3. Degree of injury *(tick applicable)*

☐ None ☐ Minor ☐ Serious ☐ Fatal

☐ Unknown

12.4. Seat occupied *(tick applicable)*

☐ Left ☐ Right ☐ Center ☐ Front

☐ Rear ☐ Single ☐ Unknown

12.5. Seat belt *(tick applicable)*

(a) Used ☐ Yes ☐ No

(b) Available ☐ Yes ☐ No

12.6. Shoulder harness *(tick applicable)*

(a) Used ☐ Yes ☐ No

(b) Available ☐ Yes ☐ No

12.7. Pilot license(s) *(tick applicable)*

☐ None ☐ Private ☐ Student ☐ Flight instructor

☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport

☐ Flight engineer ☐ Military ☐ Foreign ☐ Others *(please specify)*: .....

12.8. Principle occupation *(tick applicable)*

☐ Pilot ☐ Unknown ☐ Other *(please specify)*: .....

12.9. Medical check

(a) Date of last medical check *(dd/mm/yy)*: .....

12.10. Medical certificate *(tick applicable)*

☐ None ☐ Class 1 ☐ Class 2 ☐ Class 3

☐ Unknown ☐ Other *(please specify)*: .....

12.11. Medical certificate validity *(tick applicable)*

☐ Without limitations/waivers

☐ With limitations/waivers *(please specify)*:

(a) Medical certificate limitations:

(b) Medical certificate waiver:

☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

12. Pilot 'A' Information

12.12. Last flight review or equivalent

(a) Date *(dd/mm/yy)*: .....

(b) Aircraft manufacturer: ..... (c) Aircraft type/model: .....

12.13. Aeroplane rating(s) *(tick all applicable)*

☐ None ☐ Single-engine land ☐ Single-engine sea ☐ Multi-engine land

☐ Multiengine sea

12.14. Other aircraft rating(s) *(tick all applicable)*

☐ None ☐ Airship ☐ Free balloon ☐ Glider

☐ Gyroplane ☐ Helicopter ☐ Powered lift

12.15. Instrument rating(s) *(tick all applicable)*

☐ None ☐ Aeroplane ☐ Helicopter ☐ Powered lift

12.16. Instructor rating(s) *(tick all applicable)*

☐ None ☐ Aeroplane single-engine land ☐ Aeroplane multi-engine land ☐ Gyroplane

☐ Powered lift ☐ Instrument aeroplane ☐ Instrument helicopter ☐ Helicopter

☐ Glider ☐ Sport

12.17. Type rating(s) *(please specify)*

12.18. Student endorsements *(please specify)*

12.19. Flight time *(enter appropriate numbers of hours in each box)*

	All aircraft	This type & model	Aeroplane single engine	Aeroplane multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter than air
						Actual	Simulated			
Total time										
Pilot in command (PIC)										
Time as instructor										
This type/model										
Last 90 days										
Last 30 days										
Last 24 days										

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

13. Pilot 'B' Information

13.1. Pilot 'B' identification

(a) Name: .....

(b) Address: .....

(c) Date of last inspection *(dd/mm/yy)*: ..... (d) Age at time of accident/incident: .....

(e) License number: ..... (f) License expiry date*(dd/mm/yy)*: .....

13.2. Pilot 'B' responsibilities at the time of accident/incident *(tick applicable)*

☐ Pilot ☐ Co-pilot ☐ Student pilot ☐ Flight instructor

☐ Check pilot ☐ Flight engineer ☐ Other flight crew

13.3. Degree of injury *(tick applicable)*

☐ None ☐ Minor ☐ Serious ☐ Fatal

☐ Unknown

13.4. Seat occupied *(tick applicable)*

☐ Left ☐ Right ☐ Center ☐ Front

☐ Rear ☐ Single ☐ Unknown

13.5. Seat belt *(tick applicable)*

(c) Used ☐ Yes ☐ No

(d) Available ☐ Yes ☐ No

13.6. Shoulder harness *(tick applicable)*

(c) Used ☐ Yes ☐ No

(d) Available ☐ Yes ☐ No

13.7. Pilot license(s) *(tick applicable)*

☐ None ☐ Private ☐ Student ☐ Flight instructor

☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport

☐ Flight engineer ☐ Military ☐ Foreign ☐ Others *(please specify)*: .....

13.8. Principle occupation *(tick applicable)*

☐ Pilot ☐ Unknown ☐ Other *(please specify)*: .....

13.9. Medical check

(b) Date of last medical check *(dd/mm/yy)*: .....

13.10. Medical certificate *(tick applicable)*

☐ None ☐ Class 1 ☐ Class 2 ☐ Class 3

☐ Unknown ☐ Other *(please specify)*: .....

13.11. Medical certificate validity *(tick applicable)*

☐ Without limitations/waivers

☐ With limitations/waivers *(please specify)*:

(a) Medical certificate limitations:

(b) Medical certificate waiver:

☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

13. Pilot 'B' Information

13.12. Last flight review or equivalent

(a) Date *(dd/mm/yy)*: .....

(b) Aircraft manufacturer: ..... (c) Aircraft type/model: .....

13.13. Aeroplane rating(s) *(tick all applicable)*

☐ None ☐ Single-engine land ☐ Single-engine sea ☐ Multi-engine land

☐ Multiengine sea

13.14. Other aircraft rating(s) *(tick all applicable)*

☐ None ☐ Airship ☐ Free balloon ☐ Glider

☐ Gyroplane ☐ Helicopter ☐ Powered lift

13.15. Instrument rating(s) *(tick all applicable)*

☐ None ☐ Aeroplane ☐ Helicopter ☐ Powered lift

13.16. Instructor rating(s) *(tick all applicable)*

☐ None ☐ Aeroplane single-engine land ☐ Aeroplane multi-engine land ☐ Gyroplane

☐ Powered lift ☐ Instrument aeroplane ☐ Instrument helicopter ☐ Helicopter

☐ Glider ☐ Sport

13.17. Type rating(s) *(please specify)*

13.18. Student endorsements *(please specify)*

13.19. Flight time *(enter appropriate numbers of hours in each box)*

	All aircraft	This type & model	Aeroplane single engine	Aeroplane multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter than air
						Actual	Simulated			
Total time										
Pilot in command (PIC)										
Time as instructor										
This type/model										
Last 90 days										
Last 30 days										
Last 24 days										

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

14. Additional Flight Crew Members *(exclusive of cabin attendants, complete the following information, continue on separate sheet if necessary)*

14.1. Pilot identification

(a) Name: .....

(b) Address: .....

14.2. Pilot license(s) *(tick applicable)*

☐ None ☐ Private ☐ Student ☐ Flight instructor

☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport

☐ Flight engineer ☐ Military ☐ Foreign ☐ Others *(please specify)*: .....

14.3. Type rating/endorsement for aircraft accident/incident aircraft?

☐ Yes ☐ No

14.4. Total flight hours at the time of this accident: ..... hours

14.5. Degree of injury *(tick applicable)*

☐ None ☐ Minor ☐ Serious ☐ Fatal

☐ Unknown

14.6. Seat occupied *(tick applicable)*

☐ Left ☐ Right ☐ Center ☐ Front

☐ Rear ☐ Single ☐ Unknown

14.7. Pilot identification

(a) Name: .....

(b) Address: .....

14.8. Pilot license(s) *(tick applicable)*

☐ None ☐ Private ☐ Student ☐ Flight instructor

☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport

☐ Flight engineer ☐ Military ☐ Foreign ☐ Others *(please specify)*: .....

14.9. Type rating/endorsement for aircraft accident/incident aircraft?

☐ Yes ☐ No

14.10. Total flight hours at the time of this accident: ..... hours

14.11. Degree of injury *(tick applicable)*

☐ None ☐ Minor ☐ Serious ☐ Fatal

☐ Unknown

14.12. Seat occupied *(tick applicable)*

☐ Left ☐ Right ☐ Center ☐ Front

☐ Rear ☐ Single ☐ Unknown

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

15. Passenger(s) / Other Personnel *(include cabin attendants, continue on separate sheet if necessary)*

	Seat	Crew	Non-revenue	Revenue	Non-occupant	Other	Fatal	Serious injury	Minor injury	No injury	Unknown
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Name: .... Address:		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

16. Narrative History of Flight *(please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

17. Recommendation *(how could this accident/incident have been prevented?)*

Operator/owner safety recommendation

FLIGHT CREW REPORT OF ACCIDENT / SERIOUS INCIDENT

18. Additional Information *(please type or print in ink)*

Use this space if additional space is needed for any answers.

19. Declaration and Information of the Reporter

In accordance with article 7 of Law no. 2/2013, the reporter is *(tick applicable)*

☐ Pilot in command of the involving aircraft

☐ Operator of the involving aircraft

☐ Owner of the involving aircraft

☐ Others*(please specify)*: .....

The reporter hereby declares that the above information is complete and accurate in every respect to the best of his/her knowledge.

Signature of the reporter: .....

Date signed *(dd/mm/yy)*: .....

Name of the reporter *(Block Capitals)*: .....

Tel no.: .....

Position: .....

Company: .....