
Aircraft Accidents or Incidents in the UK Overseas Territories

General Aviation Aircraft

To the aircraft commander,

It has been reported that you were the commander of an aircraft involved in a reportable accident or incident occurring in a UK Overseas Territory.

Aircraft accident and incident investigations are required, under International convention and National regulation, to be carried out, independent of the Civil Aviation Regulator, by an organisation established specifically for this task. UK Overseas Territories are supported in this task by the UK Air Accidents Investigation Branch (AAIB), under the terms of a Memorandum of Agreement, signed by the appropriate Governor. Investigations, under this agreement are conducted in accordance with ICAO Annex 13 and the sole objective of such an investigation is to determine the cause of accidents and incidents and make safety recommendations, when appropriate, to prevent a recurrence. It is not the purpose of such an investigation to apportion blame or liability.

Under the Regulations you are required to furnish the Chief Inspector of the UK AAIB, acting on behalf of the Governor, with such information about the event as is in your possession.

Please complete the attached Aircraft Accident Report Form (Overseas Territories) (AARF(OT)), providing details of the event. Amend as necessary those parts of the form which may have been completed for you and which you believe to be in error. You must then complete the remaining parts of the form in as much detail as possible, sign it to confirm the accuracy of all details therein, and return the completed form within **fourteen days** to the Chief Inspector of Air Accidents at the above address either by post or fax.

If you wish to submit the completed form and any relevant photographs electronically by email, please send them to: investigations@aaib.gov.uk

You may be contacted by an Inspector of Air Accidents, or someone locally acting on his behalf, should any additional information be required, therefore, it is recommended that you retain a copy of your completed form for your records.

Your co-operation in completing this form accurately, and in a timely manner, will assist us in carrying out our safety function as efficiently as possible.

Chief Inspector of Air Accidents

Aircraft Accident Report Form (OT) General Aviation Part 1



ACCIDENT DETAILS			
Occurrence:			
Date:		Time:	
Location:			delete as applicable*
	Relative to local reference point (if not on airfield):		
AAIB File Reference:			

Please fill in this form in **CAPITAL LETTERS** and **black ink** only. We will electronically scan and store the information you provide. Use the reverse of the form as a continuation sheet if necessary. Please complete as much information as possible.

<p>Notes:</p> <p style="font-size: small;">Please include post code or Zip code</p>	<p>1 AIRCRAFT</p> <p>1.1 AIRCRAFT DETAILS</p> <p>Registration: _____ Manufacturer: _____</p> <p>Generic Name: _____ Type and Series: _____</p> <p>Engine Model: _____ No of Engines: _____ Build Year: _____</p> <p>C of A Category: _____ Expiry Date: _____</p> <p>1.2 CHECKS</p> <p>Total airframe hours: _____ Last check type: _____ Date: <u>DD/MM/YYYY</u></p> <p>1.3 MAINTENANCE DETAILS</p> <p>Company: _____</p> <p>Address: _____ Tel: _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip Code: _____ Email: _____</p>
<p>2 OPERATOR DETAILS</p> <p>Company/Person _____</p> <p>Address: _____ Tel: _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip Code: _____ Email: _____</p>	
<p>3 OWNER DETAILS</p> <p>Name: _____</p> <p>Address: _____ Tel: _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip Code: _____ Email: _____</p>	
<p>4 REPAIR AGENCY</p> <p>Contact name: _____</p> <p>Company: _____</p> <p>Address: _____ Tel: _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip Code: _____ Email: _____</p>	
<p>5 INSURER DETAILS (if known)</p> <p>Name: _____</p> <p>Address: _____ Tel: _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip Code: _____ Email: _____</p>	

Aircraft Accident Report Form (OT) General Aviation



Part 1

Tick boxes as appropriate Delete local/UTC as appropriate	6 FLIGHT 6.1 FLIGHT DETAILS Purpose of flight: <input type="checkbox"/> Private <input type="checkbox"/> Training <input type="checkbox"/> Aerial work Departure airfield: _____ Departure time: <input type="text" value="HH:MM"/> Local/UTC Planned destination: _____ 6.2 WEIGHTS AND LOADING DETAILS Basic: _____ (kg) C of G: _____ Max take-off weight: _____ (kg) Max landing weight: _____ (kg) No of Crew: _____ Weight: _____ (kg) No of Passengers _____ Weight: _____ (kg) Fuel type: _____ Weight: _____ (kg) Baggage/Freight: _____ (kg)																																																															
Tick appropriate box	7 WEATHER Issue time: <input type="text" value="HH:MM"/> <u>Forecast</u> <u>Actual</u> Wind direction/speed: _____ Visibility (km): _____ Weather: _____ Cloud: _____ Temperature/dewpoint: _____ TEMPO Information: _____ Light conditions: <input type="checkbox"/> Day <input type="checkbox"/> Twilight <input type="checkbox"/> Night QNH: _____ Obtained from: _____																																																															
Tick appropriate boxes stating other if relevant	8 AIRFIELD DETAILS (complete only if relevant) Airfield name: _____ Runway used: _____ Type of: <input type="checkbox"/> Departure <input type="checkbox"/> Approach <small>eg Visual, Radar</small> Runway slope: _____ Navigation aids used: _____ Runway surface: <input type="checkbox"/> Grass <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other Surface condition: <input type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry <input type="checkbox"/> Contaminated <input type="checkbox"/> Firm <input type="checkbox"/> Soft																																																															
Define 'Other' if appropriate Delete Y/N as appropriate Enter hours in hours and minutes	9 FLIGHT CREW <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Pilot in Command</th> <th style="width: 30%; text-align: center;">Second Pilot (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Name (including title):</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date of birth:</td> <td style="text-align: center;">DD/MM/YYYY</td> <td style="text-align: center;">DD/MM/YYYY</td> </tr> <tr> <td>LICENCE: Type:</td> <td style="text-align: center;">eg PPL / ATPL</td> <td style="text-align: center;">eg PPL / ATPL</td> </tr> <tr> <td>Number:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Issuing Authority:</td> <td style="text-align: center;">eg CAA/FAA/Other</td> <td style="text-align: center;">eg CAA/FAA/Other</td> </tr> <tr> <td>Valid until:</td> <td style="text-align: center;">DD/MM/YYYY</td> <td style="text-align: center;">DD/MM/YYYY</td> </tr> <tr> <td>MEDICAL: Class:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Valid until:</td> <td style="text-align: center;">DD/MM/YYYY</td> <td style="text-align: center;">DD/MM/YYYY</td> </tr> <tr> <td>Limitations:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>RATINGS: Instrument Rating:</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> </tr> <tr> <td>Night Rating:</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> </tr> <tr> <td>FI/FI(R):</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> </tr> <tr> <td>Class:</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> <td style="text-align: center;">Y/N Valid until: DD/MM/YYYY</td> </tr> <tr> <td>RECENCY: Hours:</td> <td style="text-align: center;">All types: HH:MM</td> <td style="text-align: center;">All types: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">All types PIC: HH:MM</td> <td style="text-align: center;">All types PIC: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">On type: HH:MM</td> <td style="text-align: center;">On type: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">On type PIC: HH:MM</td> <td style="text-align: center;">On type PIC: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">All types - last 90 days: HH:MM</td> <td style="text-align: center;">Last 90 days: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">All types - last 28 days: HH:MM</td> <td style="text-align: center;">Last 28 days: HH:MM</td> </tr> <tr> <td></td> <td style="text-align: center;">All types - last 24 hours: HH:MM</td> <td style="text-align: center;">Last 24 hours: HH:MM</td> </tr> </tbody> </table>		Pilot in Command	Second Pilot (if applicable)	Name (including title):	_____	_____	Date of birth:	DD/MM/YYYY	DD/MM/YYYY	LICENCE: Type:	eg PPL / ATPL	eg PPL / ATPL	Number:	_____	_____	Issuing Authority:	eg CAA/FAA/Other	eg CAA/FAA/Other	Valid until:	DD/MM/YYYY	DD/MM/YYYY	MEDICAL: Class:	_____	_____	Valid until:	DD/MM/YYYY	DD/MM/YYYY	Limitations:	_____	_____	RATINGS: Instrument Rating:	Y/N Valid until: DD/MM/YYYY	Y/N Valid until: DD/MM/YYYY	Night Rating:	Y/N Valid until: DD/MM/YYYY	Y/N Valid until: DD/MM/YYYY	FI/FI(R):	Y/N Valid until: DD/MM/YYYY	Y/N Valid until: DD/MM/YYYY	Class:	Y/N Valid until: DD/MM/YYYY	Y/N Valid until: DD/MM/YYYY	RECENCY: Hours:	All types: HH:MM	All types: HH:MM		All types PIC: HH:MM	All types PIC: HH:MM		On type: HH:MM	On type: HH:MM		On type PIC: HH:MM	On type PIC: HH:MM		All types - last 90 days: HH:MM	Last 90 days: HH:MM		All types - last 28 days: HH:MM	Last 28 days: HH:MM		All types - last 24 hours: HH:MM	Last 24 hours: HH:MM
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Aircraft Accident Report Form (OT) General Aviation



Part 1

IMPORTANT Please enter numbers of all persons on board (including those not injured)	10 INJURIES TO PERSONNEL TOTAL PERSONS ON BOARD: <input style="width: 100px;" type="text"/> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> None Minor Serious </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%;">Pilot in Command:</td> <td style="width: 30%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td>Second Pilot:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Passengers:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Persons on the ground:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Pilot in Command:	<input type="text"/>	<input type="text"/>	Second Pilot:	<input type="text"/>	<input type="text"/>	Passengers:	<input type="text"/>	<input type="text"/>	Persons on the ground:	<input type="text"/>	<input type="text"/>									
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11.1 Tick damage type 11.2 Enter number of harnesses etc used Tick appropriate box	11 SURVIVABILITY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>11.1 Fuselage damage</p> <p style="margin-left: 40px;"><u>Cockpit area:</u></p> <p style="margin-left: 80px;"><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None</p> <p style="margin-left: 40px;"><u>Passenger/Cabin area:</u></p> <p style="margin-left: 80px;"><input type="checkbox"/> N/A <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None</p> <p>Details (if relevant): <input style="width: 150px;" type="text"/></p> <hr/> </div> <div style="width: 45%;"> <p>11.2 Harnesses and personal protection</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type of harness</th> <th style="width: 20%;">Crew</th> <th style="width: 20%;">Pax</th> </tr> </thead> <tbody> <tr><td>Lap:</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Lap & diagonal:</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Full:</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>None:</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Protective helmet:</td><td style="text-align: center;">Y/N</td><td style="text-align: center;">Y/N</td></tr> <tr><td>Details (if relevant):</td><td colspan="2"><input style="width: 100%;" type="text"/></td></tr> </tbody> </table> </div> </div> <p>11.3 Evacuation</p> <p>Exit(s) used by crew: <input style="width: 100px;" type="text"/> Exits used by pax: <input style="width: 100px;" type="text"/></p> <p>Which emergency services attended: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance</p> <p>Other assistance provided by: <input style="width: 150px;" type="text"/></p> <p>11.4 Emergency Equipment</p> <p>Details of any items which failed: <input style="width: 150px;" type="text"/></p> <hr/> <p>11.5 Additional Comments: <input style="width: 150px;" type="text"/></p> <hr/>	Type of harness	Crew	Pax	Lap:	<input type="text"/>	<input type="text"/>	Lap & diagonal:	<input type="text"/>	<input type="text"/>	Full:	<input type="text"/>	<input type="text"/>	None:	<input type="text"/>	<input type="text"/>	Protective helmet:	Y/N	Y/N	Details (if relevant):	<input style="width: 100%;" type="text"/>	
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None:	<input type="text"/>	<input type="text"/>																				
Protective helmet:	Y/N	Y/N																				
Details (if relevant):	<input style="width: 100%;" type="text"/>																					
12 DAMAGE TO AIRCRAFT																						
13 DAMAGE TO OTHER PROPERTY																						

Thank you for completing Part 1 of this form, a copy of which will be sent to the Regulatory Authority for flight safety purposes.

In Part 2, you are asked to provide a sketch of the site and a narrative description of the accident. Any accompanying photographs and or documents will be returned, at your request, once the investigation is complete.

Part 2 will be treated as confidential and not released.

Aircraft Accident Report Form (OT) General Aviation



Part 2

14 SKETCH OF ACCIDENT SITE									
<p>Show North and site elevation (amsl). If accident occurred on an airfield for which there is no published information, please provide as much detail as possible.</p> <p>Any photographs of the site and / or aircraft would greatly assist the investigation.</p>									

**Aircraft Accident Report Form
 (OT)
 General Aviation**
 Part 2



	15 NARRATIVE DESCRIPTION OF EVENTS
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	16 YOUR ASSESSMENT OF THE CAUSE
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	17 YOUR SIGNATURE
	<p>Name: _____ Signature: _____</p> <p>Status: <small>eg PIC, CFI, Owner etc</small> _____</p> <p>Address: _____</p> <p style="text-align: right;">Tel (H): _____</p> <p style="text-align: right;">Tel (W): _____</p> <p style="text-align: right;">Fax: _____</p> <p>Post / Zip code: _____ Email: _____</p> <p>code: _____</p>

