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## Aircraft Accidents or Incidents in the UK Overseas Territories

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### Commercial Air Transport 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](mailto: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

Farnborough House  
 Berkshire Copse Road  
 Aldershot  
 Hampshire GU11 2HH  
 United Kingdom  
 Tel: +44(0)1252 510300  
 Fax: +44(0)1252 376999  
 E mail:  
 investigations@aaib.gov.uk

# Aircraft Accident Report Form

## Commercial Air Transport



Part 1

### ACCIDENT DETAILS

Occurrence: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Local/UTC\*  
 delete as applicable\*

Location: \_\_\_\_\_  
 Lat/Long or OS Grid (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.

Notes:	<p><b>1 AIRCRAFT</b></p> <p><b>1.1 AIRCRAFT DETAILS</b></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: _____ C of A Expiry Date: _____</p> <p><b>1.2 CHECKS</b></p> <p>Total airframe hours: _____ Last check type: _____ Date: DD/MM/YYYY</p> <p><b>1.3 MAINTENANCE DETAILS</b></p> <p>Company: _____</p> <p>Address: _____ Tel: _____</p> <p>Post / Zip Code: _____ Email: _____ Fax: _____</p>
	<p><b>2 OPERATOR DETAILS</b></p> <p>Company: _____</p> <p>Address: _____ Tel: _____</p> <p>Post / Zip Code: _____ Email: _____ Fax: _____</p>
	<p><b>3 COMPANY FLIGHT SAFETY OFFICER</b></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>Post / Zip Code: _____ Email: _____</p> <p>Tel: _____</p> <p>Fax: _____</p>
<p>Tick boxes as appropriate</p> <p>Delete local/UTC as appropriate</p>	<p><b>4 FLIGHT</b></p> <p><b>6.1 FLIGHT DETAILS</b></p> <p>Purpose of flight: <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Non-Revenue <input type="checkbox"/> Training</p> <p>Departure airfield: _____ Departure time: HH:MM Local/UTC</p> <p>Planned destination: _____</p> <p><b>6.2 WEIGHTS AND LOADING DETAILS (attach Load Sheet if available)</b></p> <p>Basic: _____ (kg) C of G: _____</p> <p>Max take-off weight: _____ (kg) Max landing weight: _____ (kg)</p> <p>No of Crew: _____ Weight: _____ (kg) No of Passengers _____ Weight: _____ (kg)</p> <p>Fuel type: _____ Weight: _____ (kg) Baggage/Freight: _____ Weight: _____ (kg)</p>

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### Part 1

	<b>5 WEATHER</b> 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: _____	_____
	<b>6 AIRFIELD DETAILS (complete only if relevant)</b> Airfield name: _____ Runway used: _____ ICAO Designator: _____ Runway slope: _____ Type of: <input type="checkbox"/> Departure <input type="checkbox"/> Approach <small>Eg Visual, Radar, SID</small> LVPs in force: <input type="checkbox"/> Yes <input type="checkbox"/> No 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	
Tick appropriate boxes stating other if relevant		
	<b>7 FLIGHT CREW DETAILS</b>	
		<u>Commander</u>
		<u>Co-Pilot</u>
Delete as appropriate	Name (including title): _____	_____
	Date of birth: _____	_____
	Pilot flying: _____	_____
Define 'Other' if appropriate	LICENCE: Type: _____	_____
	Number: _____	_____
	Issuing Authority: _____	_____
	Valid until: _____	_____
	MEDICAL: Class: _____	_____
	Valid until: _____	_____
	Limitations: _____	_____
	RATINGS: Instrument Rating: _____	Valid until: _____
	Type/Ratings: _____	Valid until: _____
	Other: _____	_____
Enter valid until date	RECENCY: Licence Prof Check: _____	_____
	Operator Prof Check: _____	_____
	Annual Line Check: _____	_____
	SEP/CRM: _____	_____
	Company Qualifications: _____	_____
Enter hours in hours and minutes	Hours: All types: _____	_____
	All types PIC: _____	_____
	On type: _____	_____
	On type PIC: _____	_____
	Last 90 days: _____	_____
	Last 28 days: _____	_____
	Last 24 hours: _____	_____
	DUTY: Start of Duty Period (UTC): _____	_____
	Length of Preceding Rest Period: _____	_____

# Aircraft Accident Report Form

## Commercial Air Transport



### Part 1

<b>IMPORTANT</b> Please enter numbers of all persons on board (including those not injured)	<div style="background-color: #e0e0e0; padding: 5px;"><b>8 INJURIES TO PERSONNEL</b></div> TOTAL PERSONS ON BOARD: <input style="width: 50px;" type="text"/> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center; border-bottom: 1px dashed black;">None</th> <th style="width: 30%; text-align: center; border-bottom: 1px dashed black;">Minor</th> <th style="width: 30%; text-align: center; border-bottom: 1px dashed black;">Serious</th> </tr> </thead> <tbody> <tr> <td>Pilot in Command:</td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> </tr> <tr> <td>Second Pilot:</td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> </tr> <tr> <td>Cabin Crew:</td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> </tr> <tr> <td>Passengers:</td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> </tr> <tr> <td>Others:</td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> <td style="border: 1px dashed black; height: 20px;"></td> </tr> </tbody> </table>		None	Minor	Serious	Pilot in Command:				Second Pilot:				Cabin Crew:				Passengers:				Others:			
	None	Minor	Serious																						
Pilot in Command:																									
Second Pilot:																									
Cabin Crew:																									
Passengers:																									
Others:																									
Tick damage type	<div style="background-color: #e0e0e0; padding: 5px;"><b>9 SURVIVABILITY</b></div> 9.1 Damage to cockpit area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> 9.2 Damage to flight deck area: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None Details (if relevant): <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> 9.3 Evacuation Exit(s) used by crew: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> Exits used by pax: <input type="checkbox"/> Normal Exit <input type="checkbox"/> Slide <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> Which emergency services attended: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Air Ambulance Other assistance provided by: <input style="width: 90%;" type="text"/> 9.4 Emergency Equipment Details of any items which failed: <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> 9.5 Additional Comments: <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>																								
List all airplane/engine damage	<div style="background-color: #e0e0e0; padding: 5px;"><b>10 DAMAGE TO AIRCRAFT</b></div> <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>																								
	<div style="background-color: #e0e0e0; padding: 5px;"><b>11 DAMAGE TO OTHER PROPERTY</b></div> <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>																								

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investigations@aaib.gov.uk

# Aircraft Accident Report Form

## Commercial Air Transport



### Part 1

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

## Commercial Air Transport



### Part 2

<b>14 SKETCH OF ACCIDENT SITE</b>							
<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>							

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Part 2

<b>15 NARRATIVE DESCRIPTION OF EVENTS</b>	
[Lined area for narrative description of events]	
<b>16 YOUR ASSESSMENT OF THE CAUSE</b>	
[Lined area for assessment of the cause]	
<b>17 YOUR SIGNATURE</b>	
Name:	Signature:
Status:	Pilot in Command: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
	Tel:
	Fax:
Post Code:	Email: