



**MINISTRY OF TRANSPORT, INFRASTRUCTURE, HOUSING AND URBAN
DEVELOPMENT**
STATE DEPARTMENT OF TRANSPORT
AIR ACCIDENT INVESTIGATION

Section/division AIID

occurrence Investigation

Form Number: MOT&I /AAID/F/2

AIR ACCIDENT INVESTIGATION-INITIAL NOTIFICATION FORM

				Reference Number:	
Date (reported)		Time (reported)		Originator	
(A) Aircraft Registration				Type of Aircraft	
(B) Name of Owner				Name of Operator	
(C) Name of Pilot-in-command				Telephone number for Pilot-in-command	
(D) Date of Accident				Time of Accident	
(E) Last point of departure					
				Next point of intended landing	
(F) Location of the accident site with reference to easily defined geographical points					(GPS readings if possible)
(G) No. of people on board		No. of people injured		No. of people killed	
(H) Nature of the accident as far as is known					
(I) Nature of accident site					
(J) Name of reporter					
				Telephone number of reporter	
(K) Name of Police station informed				Telephone No. (Police)	
(L)					
DIRECTOR					

INVESTIGATOR-IN-CHARGE APPOINTED AND A COPY PROVIDED