

Aircraft Accident and Incident Investigation Department



▼ Indicates information required for a wildlife strike.

Role of reporter in relation to the aircraft: ▼

Personal particulars of the reporter:

Your name Today's date

Contact address State Code

Telephone Facsimile Email

Crew Air Traffic Controller CAA
 Owner Rescue/fire service Aerodrome operator
 Operator AME Other

Crew and operator particulars:

Name of pilot in command Nationality Type of licence held Licence number/ARN Telephone

Name of pilot flying at the time of occurrence Nationality Type of licence held Licence number/ARN Telephone

Name of additional crew (if applicable) Nationality Crew position Telephone

Aircraft registration Flight number Aircraft manufacturer and model

Name of aircraft owner Aircraft operator (e.g. AOC holder/flying school) If under hire name of aircraft renter/hirer

Operator's telephone Facsimile Email

Accident/incident details:

Date of occurrence Local time Location e.g. name of airport or 27 NM west of FDMS, (include latitude & longitude if possible)

Last departure point Departure time First point of intended landing Actual point of landing (if different)

Number of persons on board: If known, names and nationalities of all serious injuries and fatalities, please enclose additional page/s as necessary.

Total crew on board	No. with no injuries	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total passengers	No. with no injuries	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons injured on the ground:	No. of minor injuries	No. of serious injuries	No. of fatalities	Nationality	Name/s	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Aircraft damage: ▼

Destroyed Substantial Minor Nil Damage description

Effect on flight: ▼

None Rejected takeoff Precautionary landing Engine/s shut down Other

Weather conditions: ▼

Wind (speed, direction and gusts) Visibility Precipitation Cloud (type, amount and base) Temperature (°C) / QNH

Other information relevant to the event

Flight rules: VFR IFR VMC IMC
 Aircraft standing Taxiing Takeoff Climb En-route
 Manoeuvring Descent Approach Landing Other

Light conditions: Daylight Night Dawn Dusk

Airspace designation Height/altitude of occurrence Runway in use Radio frequency in use

type of operation ▼

Flying training – solo Flying training – dual Military Sports aviation Gliding Air transport – passenger
 *Charter *Private *Agricultural *Aerial work *Other Air transport – cargo

*Purpose of flight

Please turn over

Wildlife strike:

Was a bird or animal involved

No
Yes

No. of birds

Small

Medium

Large

Species

No. of animals

Species

Please fully describe the accident or incident:

All relevant documentation should be forwarded to the Eswatini AAID. Include your suggestion as to how this type of occurrence could be prevented

[Large empty text area for describing the accident or incident]

Please enclose additional page/s as necessary

Factors contributing to the occurrence:

(e.g. instrument, landing gear, fire warning)

Did this occurrence involve a false indication

No
Yes

[Text input field]

Do you think that maintenance of the aircraft was a factor

No
Yes

[Text input field]

Did an aircraft component fail

No
Yes

[Text input field]

Do you think aircraft design was a factor in this occurrence

No
Yes

[Text input field]

Are there any human performance issues or deficiencies in the aviation system that may have contributed to this occurrence?

No
Yes

Distracting events/interruptions

Environment (noise, visibility)

Equipment design

Fatigue

Interpersonal problems at work

Knowledge or experience

Medical/physiological factors

High workload

Pre-occupation

Training

Recency

Other

[Text input field]

Results of operator's technical and/or operational investigation at time of submitting report or Chief Pilot /CP comments where applicable

[Large empty text area for investigation results]

Please enclose additional page/s as necessary

Action carried out by operator to prevent recurrence

[Text input field]

FOR ACCIDENTS ONLY :

For accidents (occurrences involving fatalities or serious injuries to any person in the aircraft or ground, substantial damage or destroyed aircraft) only, please include the following information:

Additional pilot in command details:

Date of birth:

[Text input field]

Total flying hours

[Text input field]

Total hours last 90 days

[Text input field]

Hours on type

[Text input field]

Hours on type last 90 days

[Text input field]

ELT information:

ELT manufacturer and model

[Text input field]

Fixed

Portable

Manual activation

Automatic

Did not activate (why?)

[Text input field]

ELT location

Cockpit

Cabin

Rear/tail

Other

[Text input field]

Information may be disclosed to other organisations or individuals in the interests of safety. Where possible, the Swaziland AAID will remove information that directly identifies an individual (i.e. names, licence numbers and addresses). However, other indirect identifiers (i.e. times, dates and locations for the occurrence of incidents) will usually be disclosed in the interests of safety. If the information is the subject of an investigation it will only be used in accordance with the Swaziland Civil Aviation Authority Act.

When complete, post to the Swaziland AAID, P.O. Box D 361, The Gables, H126, Ezulwini, Eswatini or Fax form to +268-2-518-4199.

Verbally report all accidents and serious incidents to +268-7-613-6178 in addition to submitting this form.