BAAI
BUREAU OF AIR ACCIDENT INVESTIGATION

AIR ACCIDENT / SERIOUS INCIDENT REPORT FORM

The following information is required for a BAAI investigation and will be treated in confidence unless required for the compilation of an accident report in accordance with ICAO Annex 13,Regulation (EU) No.996/2010 and Legal Notice 16 of 2013. Please return completed form to:***Chief Inspector ofAir Accidents,*** **t** +356 99382725 **e** frank.d.zammit@gov.mt | baai@gov.mt

1. AIRCRAFT

1.1 Aircraft Details

Registration: _____ Build year: _____

Type & Series: _____

Engine model: _____

1.2 Weights (Kg ☐ Lbs ☐) & CG

Basic: _____ Max T/O: _____ Max Ldg: _____ CG: _____

1.3 Checks

C of A Category: _____ Date: _____

Last check type: _____ Date: _____

Total airframe hours: _____

1.4 Maintenance Organisation

Company: _____

Address: _____

Tel: Fax:

2. FLIGHT DETAILS

2.1 The Flight

Purpose of flight: _____

Departure airfield: _____

Departure time: _____ (UTC)

Planned destination: _____

2.2 Loading (use same units as in 1.2)

	Load details:	Weight:
No. of Crew:		
No. of Passengers:		
Fuel type:		
Baggage/Freight:		

3. OPERATOR

Company: _____

Address: _____

Tel: Fax:

4. FLIGHT CREW

4.1 Commander

Name: _____ D of Birth: _____

Licence Type & No: _____

State of issue: _____

Limitations: _____

Handling pilot: YES ☐ NO ☐

Date last renewed

Instrument Rating: _____

IMC Rating: _____

Night Rating: _____

A/Instructor Rating: _____

Certificate of test / revalidation: _____

Medical Certificate: (Class/Date) _____

Medical limitations: _____

Total flying hours on type: _____

Total flying hours on type, PIC: _____

Total flying hours all types: _____

Total flying hours all types, PIC: _____

Total hours last 90 days: _____

Total hours last 28 days: _____

Total hours last 24 hours:

Public Transport flights only

Duty period to time of occurrence: _____ hours

Rest period prior to duty: _____ hours

4.2 Second Pilot / Flight Engineer

Name: _____ D of Birth: _____

Licence Type & No: _____

State of issue: _____

Limitations: _____

Handling pilot: YES ☐ NO ☐ F/E ☐

Date last renewed

Instrument Rating: _____

IMC Rating: _____

Night Rating: _____

A/Instructor Rating: _____

Certificate of test / revalidation:

Medical Certificate: (Class/Date) _____

Medical limitations: _____

Total flying hours on type: _____

Total flying hours on type, PIC: _____

Total flying hours all types: _____

Total flying hours all types, PIC: _____

Total hours last 90 days: _____

Total hours last 28 days: _____

Total hours last 24 hours:

Public Transport flights only

Duty period to time of occurrence: _____ hours

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5. WEATHER

	Forecast Conditions	Actual Conditions
Wind speed / direction:		
Visibility:		
Significant weather:		
Cloud:		
Tem / Dew point:		

Obtained from: _____ at: _____ QNH: _____ QFE: _____

6. AIRFIELD DETAILS

Airfield name: _____ Runway used: _____

Type of : departure ☐ / approach ☐ : _____ Runway surface: _____

Navigation aids used: _____ Surface condition: Wet ☐ Damp ☐ Dry ☐

Radio communication with: _____ on frquency: _____ MHz

7.SURVIVAL DETAILS

7.1 Fuselage damage

Cockpit area — Relevant details

Severe ☐ Moderate ☐ Minor ☐ None ☐

Cabin area

Severe ☐ Moderate ☐ Minor ☐ None ☐

7.2 Seats & Harness

Type of harness:	No. Used Crew	No. Used Pax	No. Failed Crew	No. Failed Pax
Lap and diagonal:				
Lap only:				
How many seats failed:				

Relevant details

7.3 Survival equipment failures

Items which failed — Relevant details

7.4 Evacuation

Exit(s) used by crew: _____ Which emergency services attended: _____

Exit(s) used by passengers: _____ Other asistance provided: _____

7.5 Comment on survival issues

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8. INJURIES TO PERSONNEL

TOTAL PERSONS ON BOARD:_____

	None	Minor	Serious	Fatal
Pilot in Command:				
Other flight crew:				
Cabin crew:				
Persons on the ground:				

IMPORTANT: Please ensure that all persons on board are accounted for (including those not injured)

9. ACCIDENT TIME & LOCATION

Date: _____ Time (UTC) _____

Location: _____

Lat / Long (if not on airfield):

10. OWNER DETAILS

Name: _____

Address: _____

Tel: Fax:

11. DAMAGE TO AIRCRAFT

12. HULL INSURER DETAILS

Name: _____

Address: _____

Tel: _____ Fax: _____

13. REPAIR AGENCY

Contact name: _____

Company: _____

Address: _____

Tel: _____ Fax: _____

14. DAMAGE TO OTHER PROPERTY

If aircraft carries third party insurance, what amount?: €

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15. SKETCH OF ACCIDENT SITE

Note: ***Show NORTH and site elevation (amsl). Please provide as much detail as possible and state the approximate scale used. Any photographs of site and/or aircraft would greatly assist the investigation.***

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16. NARRATIVE DESCRIPTION OF EVENTS

17. DETAILS OF PERSON SUBMITTING THIS REPORT

NAME: _____

STATUS: _____
(e.g. PIC, CFI, F/E, Owner, ATC, Witness)

ADDRESS: _____

_____

Home Tel: _____ Work Tel: _____

SIGNATURE: _____

Personal details identifying the reporter will not be included in BAAI investigation reports.

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18. BAAI OFFICE USE

Time of notification: _____ UTC By whom: _____ Contact number:	**BAAI REPORT NUMBER:** Date reporter interviewed:

19. DOCUMENTATION

- ☐ Licence(s)
- ☐ Medical Cert(s)
- ☐ Aircraft Tech Log
- ☐ C of A
- ☐ C of Reg
- ☐ A/c operating manual
- ☐ Load/Trim sheet
- ☐ NOTOC
- ☐ Perf computations
- ☐ Available flight information
- ☐ Medical checks for crew
- ☐ FDR
- ☐ CVR
- ☐ ATC transcripts (tapes)
- ☐ ATC report/log
- ☐ Emergency services report

NAME: _____
Inspector of accidents

SIGNATURE: _____

DATE: _____

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