



OCCURRENCE REPORT FORM



REPUBLIC OF GHANA

AIRCRAFT ACCIDENT AND INCIDENT INVESTIGATION AND PREVENTION BUREAU

The following information is required for a AIB investigation and will be treated in confidence unless required for the compilation of an accident report in accordance with ICAO Annex 13 and Act 1028, Section 22. Please return completed form to **The Commissioner Tel +233 80 000 6007 Email info@aibghana.gov.gh | akwasi.prempeh@aibghana.gov.gh Location** La-Wireless, Adjacent AU Village, Cantonments – Accra, Ghana.

1. EVENT CLASSIFICATION

INCIDENT SERIOUS INCIDENT ACCIDENT OTHER

2. AIRCRAFT INFORMATION

2.1 Aircraft Details
Registration:..... Build year:.....
Type & Series:.....
Engine model:.....

2.2 Weights (Kg Lbs) & CG
Basic:..... Max T/O:..... Max Ldg:..... CG:.....

2.3 Checks
C of A Category:..... Date:.....
Last check type:..... Date:.....
Total airframe hours:.....

2.4 Maintenance Organisation
Company:.....
Address:.....
Tel:..... Fax:.....

3. FLIGHT DETAILS

3.1 The Flight
Purpose of flight:.....
Departure airfield:.....
Departure time:..... (UTC)
Planned destination:.....

3.2 Loading (Use same units as in 2.2)

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

4. OPERATOR

Company:.....
Address:.....
Tel:..... Fax:.....

5. FLIGHT CREW

5.1 Commander
Name:..... D of Birth:.....
Licence Type & No:.....
State of issue:.....
Limitations:.....
Handling pilot: YES NO

5.2 Second Pilot / Flight Engineer
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:.....

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IMC Rating:.....
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Certificate of test/ revalidation:.....

Medical Certificate: (Class/Date).....
Medical Limitations:.....

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:.....

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

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6. WEATHER

<u>Forecast Conditions</u>	<u>Actual Conditions</u>
Wind speed/ Direction:.....
Visibility:.....
Significant weather:.....
Cloud:.....
Tem/ Dew point:.....
Obtained from:.....	at:..... QNH:..... QFE:.....

7. AIRFIELD DETAILS

Airfield name:..... Type of: departure <input type="checkbox"/> / approach <input type="checkbox"/> :..... Navigation aids used:..... Radio communication with:.....	Runway used:..... Runway surface:..... Surface conditions: Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry <input type="checkbox"/> on frequency:.....MHz
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8. SURVIVAL DETAILS

8.1 Fuselage damage

<u>Cockpit area</u>	<u>Relevant details</u>
Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/>
.....
<u>Cabin area</u>	<u>Relevant details</u>
Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> None <input type="checkbox"/>
.....

8.2 Seats & Harness

Type of harness:	<u>No. Used</u>	<u>No. Failed</u>	<u>Relevant details</u>
	Crew Pax	Crew Pax	
Lap and diagonal:			.....
Lab only:			.....
How many seats failed:			.....

8.3 Survival equipment failures

<u>Items which failed</u>	<u>Relevant details</u>
.....
.....
.....

8.4 Evacuation

Exit(s) used by crew:.....	Which emergency services attended:.....
Exit(s) used by passenger:.....	Other assistance provided:.....

8.5 Comment on survival issues

.....

.....

.....

.....

.....

9. INJURIES TO PERSONNEL				
TOTAL PERSONS ON BOARD:.....				
	<u>None</u>	<u>Minor</u>	<u>Serious</u>	<u>Fatal</u>
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)				

10. ACCIDENT TIME & LOCATION	11. OWNER'S DETAILS
Date:..... Time(UTC):.....	Name:.....
Location:.....	Address:.....
.....
Lat/ Long (if not on airfield):.....	Tel:..... Fax:.....

12. DAMAGE TO AIRCRAFT	13. HULL INSURER DETAILS
.....	Name:.....
.....	Address:.....
.....
.....
.....	Tel:..... Fax:.....

14. REPAIR AGENCY
Contact name:.....
Company:.....
Address:.....
.....
Tel:..... Fax:.....

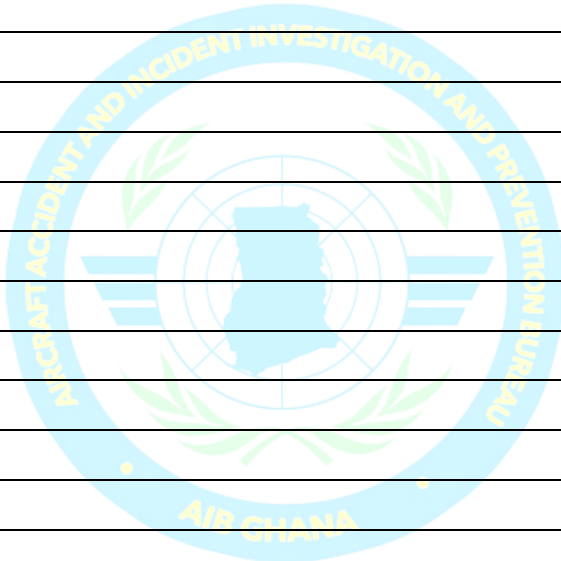
15. DAMAGE TO SECOND AIRCRAFT/ OTHER PROPERTY	
15.1 Second Aircraft/ Other Property involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	15.2 If yes, please provide registration if applicable.
15.3 Description of occurrence	
If aircraft carries third party insurance, what amount? <u>GHC</u> .00	

16. SKETCH OF ACCIDENT SITE

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

19. AIB OFFICE USE

Time of notification:.....(UTC) By whom:..... Contact Number:.....	AIB REPORT NUMBER:	
	Date reporter interviewed:	



20. DOCUMENTATION

<table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Licence(s)</td> <td><input type="checkbox"/> Medical checks for crew</td> </tr> <tr> <td><input type="checkbox"/> Medical Cert(s)</td> <td><input type="checkbox"/> FDR</td> </tr> <tr> <td><input type="checkbox"/> Aircraft Tech Log</td> <td><input type="checkbox"/> CVR</td> </tr> <tr> <td><input type="checkbox"/> C of A</td> <td><input type="checkbox"/> ATC transcripts (tapes)</td> </tr> <tr> <td><input type="checkbox"/> C of Reg</td> <td><input type="checkbox"/> ATC report/ log</td> </tr> <tr> <td><input type="checkbox"/> Aircraft operating manual</td> <td><input type="checkbox"/> Emergency services report</td> </tr> <tr> <td><input type="checkbox"/> Load/ Trim sheet</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NOTOC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Perf computation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Available flight information</td> <td></td> </tr> </table>	<input type="checkbox"/> Licence(s)	<input type="checkbox"/> Medical checks for crew	<input type="checkbox"/> Medical Cert(s)	<input type="checkbox"/> FDR	<input type="checkbox"/> Aircraft Tech Log	<input type="checkbox"/> CVR	<input type="checkbox"/> C of A	<input type="checkbox"/> ATC transcripts (tapes)	<input type="checkbox"/> C of Reg	<input type="checkbox"/> ATC report/ log	<input type="checkbox"/> Aircraft operating manual	<input type="checkbox"/> Emergency services report	<input type="checkbox"/> Load/ Trim sheet		<input type="checkbox"/> NOTOC		<input type="checkbox"/> Perf computation		<input type="checkbox"/> Available flight information		<table border="0" style="width:100%; height: 150px;"> <tr> <td style="text-align: right; padding-right: 20px;">NAME:.....</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">(Investigator – In – Charge)</td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">SIGNATURE:.....</td> <td></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">DATE:.....</td> <td></td> </tr> </table>	NAME:.....			(Investigator – In – Charge)	SIGNATURE:.....		DATE:.....	
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