



香港特別行政區政府

民航處

Civil Aviation Department

The Government of the Hong Kong Special Administrative Region

意外調查部 Accident Investigation Division

\*Delete as appropriate

## Aircraft Accident / Incident Reporting Form (ACCID / INCID)

### Personal particulars of reporter:

Your name	Today's date	Role of reporter in relation to the aircraft:			<input type="checkbox"/> Aerodrome operator
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pilot in command	<input type="checkbox"/> Operator	<input type="checkbox"/> Other (please specify):	<input type="text"/>
		<input type="checkbox"/> Pilot flying	<input type="checkbox"/> Air Traffic Controller		
		<input type="checkbox"/> Owner	<input type="checkbox"/> Rescue/fire service		

Contact Address

Telephone	Facsimile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Crew / operator / passenger particulars:

Name and qualification of pilot in command	Telephone
<input type="text"/>	<input type="text"/>

Name of pilot flying at the time of occurrence	Telephone
<input type="text"/>	<input type="text"/>

Name of additional crew (if applicable)	Telephone
<input type="text"/>	<input type="text"/>

Nationality of crew and passengers (if available)

Aircraft nationality and registration	Flight number	Aircraft manufacturer and model	Aircraft serial no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of aircraft owner	Name of aircraft operator and hirer (if any)
<input type="text"/>	<input type="text"/>

Operator's telephone	Operator's facsimile	Operator's email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Accident/Incident details:

Date of occurrence *(Local#/UTC)	Time of occurrence *( Local#/UTC)	Position of the aircraft with reference to some easily defined geographical point and latitude and longitude
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Local time of the place of occurrence

Last departure point	Departure time	Next point of intended landing	Actual point of landing (if different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Number of persons on board:

Total crew	No. with no injuries	No. with minor injuries	No. with serious injuries	No. of fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total passengers	No. with no injuries	No. with minor injuries	No. with serious injuries	No. of fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Persons injured on the ground:

No. with minor injuries	No. with serious injuries	No. of fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Extent of damage to the aircraft:**

Destroyed

Substantial

Minor

None

**Please describe the damage:**

**Please describe the accident or incident:**

Please enclose additional sheets as necessary

**Please describe the physical characteristics of the accident or incident area (including an indication of access difficulties or special requirements to reach the site (if applicable)):**

**Any dangerous goods on board the aircraft:**

Yes

No

**Please provide details of the dangerous goods on board (if yes):**

**When completed, send the report to the AID by at least one of the following means:**

Tel: (852) 2910 6821 (24 hours)

Fax: (852) 2910 1178 (24 hours)

Email: aid@cad.gov.hk

AFTN: VHHHYLYX

Post: Accident Investigation Division, Civil Aviation Department, 1 Tung Fai Road, Hong Kong International Airport, Lantau, Hong Kong