

Accident Investigation Division - Civil Aviation Department of Hong Kong

Voluntary Incident Reporting Form

To promote accident prevention by analysis of accident and incident data, the Accident Investigation Division (AID) of the Hong Kong Civil Aviation Department has established an Incident Reporting System, which consists of Voluntary Incident Reporting System, to collect relevant incident data.

The Voluntary Incident Reporting System is operated in a non-punitive environment and the source of information will not be disclosed unless required to do so by law, or the person concerned authorised the disclosure. If the reported occurrence is the subject of an investigation, the information will only be used in accordance with the Civil Aviation (Investigation of Accidents) Regulations.

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

Fax: (852) 23624250

Email: aid@cad.gov.hk

Post: Accident Investigation Division, 10th F, AFFC Commercial Building, 2 Chun Wan Road, Lantau, Hong Kong

To be completed by all reporters: Mandatory fields

Your name	Contact phone	Contact instructions (eg best times to call)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Today's date	Facsimile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your position (e.g. Pilot, AME, ATS etc)	If pilot – total flying hours	Non-pilot experience (years)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If your report concerns one or more aircraft, complete Section A and B. If your report is in concern about a procedure, published information, service, rule, i.e., does not concern a specific aircraft, completion Section B only.

SECTION A

This report is about: my aircraft another aircraft

Aircraft registration	Flight number	Aircraft manufacturer and model
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aircraft operator (eg company name)	Aircraft owner	
<input type="text"/>	<input type="text"/>	

Type of operation:

<input type="checkbox"/> Air transport – passenger	<input type="checkbox"/> *Aerial work
<input type="checkbox"/> Air transport – cargo	<input type="checkbox"/> *Private/business
<input type="checkbox"/> Flying training – solo	<input type="checkbox"/> *Other
<input type="checkbox"/> Flying training – dual	

For operations marked with * please complete 'Purpose of flight' in box provided below.

Purpose of flight

Date of occurrence Local time Location – direction and distance from a geographic feature or latitude and longitude.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of persons on board: **Flight rules:** **Flight conditions:** **Light conditions:**

<input type="text"/> Crew	<input type="text"/> Passengers	<input type="checkbox"/> VFR <input type="checkbox"/> IFR	<input type="checkbox"/> VMC <input type="checkbox"/> IMC	<input type="checkbox"/> Day <input type="checkbox"/> Night
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Weather conditions:

Wind (direction/speed)	Visibility km / m	Cloud (type/oktas)	Altitude / FL at time of event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Significant met – e.g. heavy rain, thunderstorm, fog, icing etc.			Airspace type and/or class
<input type="text"/>			<input type="text"/>
Departure	Destination	Landing (if different to destination)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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