## CIVIL AVIATION AUTHORITY OF VIET NAM PILOT/OPERATOR AIRCRAFT MANDATORY ACCIDENT OR INCIDENT REPORT

This form to be used for reporting civil and state use aircraft accidents and incidents

A. BASIC INFORMAT	ION													
1. Accident/Incident Lo				State:		2. Date/Time  Date: Local Time:								
P-Code: Cool Latitude: (dd:n	ıntry:					dd/mm/yyyy								
3. Phase of Operation  Standing Takeoff (in Climb Climb  Descent Landing	cl. initial cl		Cruise Maneu	uvering	ier	4. Collision with Other Aircraft					<b>-Flight</b> ft MSL			
B. AIRCRAFT INFOR	MATION		<b>Д</b> Аррго	oach 🗆 Oli	KIIOWII	TATABE								
						5. Max Gross Weight: lbs								
1. Manufacturer:          2. Model:						6. We	ight at Tir	ne of Accid	ent/Incide	ent:	k			
3. Serial Number:						7. Lo	cation of C	Center of Gr	avity at T	ime of Acc	ident/Incident	t:		
											or 🗆 datum			
☐ Aeroplane (check all that apply) ☐ Airship ☐ Balloon (a)Standard (b)Special						mber of S	eats: many seats f	for:	11. Land Check any o	ing Gear additional land on that applies:	ing gear	3		
Gyrocraft Helicopter Powered lift Ultralight Unknown	☐ Gyrocraft ☐ Helicopter ☐ Acrobatic ☐ Powered lift ☐ Ultralight ☐ Ultralight ☐ Utility ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Ultralight						(a) Flight Crew:							
12. Type of Maintentna	ace Progi	am		13. Last Inspe	ection T	ype		14. Date L	ast Inspe	ction:	dd/mm/vvvv			
☐ Conditional (Amateur-buil ☐ Manufacturer's Inspection ☐ Other Approved Insepctior ☐ Continuous Airworthiness ☐ Other, specify:	Program (A			□ AAIP □		tinuous Airworthiness ditional Inspection  15. Airframe Total Time:						s		
16. IFR Equipped  ☐ Yes ☐ No ☐ Unknown	wn			17. Stall Warr  ☐ Yes ☐ No	- •	System Installed?  Inknown  18. Type of Fire Extinguishing System  None  Specify								
19 (a) ELT Installed ☐ Yes ☐ No	(b)ELT  ☐ Yes	Activate □ No	d	22. Model/Ser	ies:	irer:								
<b>20. ELT Aided in Loca</b> ☐ Yes ☐ No	ting Acci	dent		23. Serial Nur 24. Battery Ty				26. B	attery Ex	p. Date:				
27. Engine Type	Turbo Jet			eciprocating System Type	29. P	Propeller								
☐ Turbo Shaft ☐	Turbo Jet Turbo Fan Unknown			buretor el Injected		ked Pitch ontrollable Pi		Manufacturer:  Model:				_		
Engine Manufacturer Model/Series Serial Num					Date o Manu dd/mn	facture	Engine R Power M as (check	(easured (cone) power or	Total Time (hours)	Time Since Inspectio (hours)	Time Since Overhaul (hours)			
Eng. 1 Eng. 2														
Eng. 3														

Eng. 4

C. OWNER/OPERATOR INFOR	RMATION						
1. Registered Aircraft Owner		2. Owner Address					
(a) Name:		(a) City:					
(b) Multiple Ownership Aircraft:	☐ Yes ☐ No	(d) Country:					
	e As Registered Owner	<b>4. Operator Address</b> ☐ Same As Registered Owner					
(a) Name:		(a) City:					
	Character Code):	(b) State: (c)P-Code:					
(c) Crit v Assigned Designator (4	Character Code).	(d) Country:					
5. Regulation Flight Conducted U	nder	6. Revenue Sightseeing Flight					
☐ Part 10 ☐ Special Flight Pern☐ Part 11 ☐ Foreign Operator -	nit ☐ State Use (select type)  Commercial ☐ Federal ☐ State ☐ Local	☐ Yes ☐ No					
☐ Part 12 ☐ Foreign Operator -	Non-Commercial Unknown	7. Air Medical Flight					
☐ Part 20 ☐ Military		☐ Yes ☐ No					
8. Purpose of Flight (select one)	9. Revenue Operation for VAR Part 12 (select one)	12. Type of Operations Specifications Held (Check all that apply)					
□ Business	☐ Scheduled ☐ Non-Scheduled	□ None					
☐ Executive/Corporate ☐ Other General Aviation	☐ Commuter ☐ Air Taxi	☐ International Operations					
☐ Instructional	10. Domestic or International	☐ Charter Operations ☐ Air Cargo					
☐ Ferry ☐ Positioning		☐ Foreign Air Operator					
☐ Aerial Application	☐ Domestic ☐ International	☐ Commuter Airline ☐ Basic or Single PIC Air Taxi					
☐ Other Aerial Work☐ Air Drop		☐ Large Helicopter					
☐ Air Race/Show☐ Flight Test	11. Cargo Operation  ☐ Passenger/Cargo	☐ Rotorcraft External Loador—					
☐ State Use	☐ Passenger How many?	☐ Agricultural Aircraft					
□ Unknown	☐ Cargolbs	☐ Other Operator of Large Aircraft					
	The state of the s						
D. OTHER AIRCRAFT – COLLI	SION (If air or ground collision occurred, co	mplete this section of other aircraft)					
210111211711110111111111111111111111111		·					
	2. Manufacturer:	4. Damage to this Aircraft					
1. Aircraft Registration #	2. Manufacturer:	□ Destroyed □ Minor					
1. Aircraft Registration #	3. Model:	□ Destroyed □ Minor					
1. Aircraft Registration # 2  5. Registered Owner of Other Air	3. Model:	□ Destroyed □ Minor □ Substantial □ None					
1. Aircraft Registration #	2. Model: (d) City:	□ Destroyed □ Minor					
1. Aircraft Registration # 2  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial:	Caraft	☐ Destroyed ☐ Minor ☐ Substantial ☐ None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name:	Caraft	Destroyed   Minor   None   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft	3. Model: (d) City: (e) State: (g) Country: _	Destroyed   Minor   None   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name:	Ceraft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft	Caraft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:	Caraft	Destroyed   Minor   None   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION	Country:	Destroyed   Minor   None   Substantial   None   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Country:	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc	Craft  (d) City:	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc (If yes, list the name of the part, management of the part, managem	Craft  (d) City:	Destroyed   Minor   Substantial   None					
1. Aircraft Registration #  5. Registered Owner of Other Air (a) First Name: (b) Middle Initial: (c) Last Name:  6. Pilot of Other Aircraft (a) First Name: (b) Middle Initial: (c) Last Name:  E. MECHANICAL MALFUNCTION  1. Was there Mechanical Malfunc (If yes, list the name of the part, management)  F. DAMAGE TO AIRCRAFT AND	Craft  (d) City:	Destroyed   Minor   Substantial   None					

4. Description of D	Damage to Aircraft a	and Other	Property (use	additional :	sheet if ne	ecessary)				
	& HELIPORT INF ent occurred on appro			s of aerodroi	me, compl	lete this section	on)			
1. Aerodrome Idei	ntifier:			4. Di	istance F	rom Aerodr	ome Cen	ter:	K	
2. Aerodrome Name: degrees MAG										
3. Proximity to Aerodrome   Off Aerodrome   On Aerodrome   6. Aerodrome Elevation:   ft. MSL										
7. Approach Segm  ☐ On Instrument Appro ☐ Crosswind		☐ Base leg ☐ Low Approach		☐ Final	ed Landing (after	r touchdown	_	o Around		
8. IFR Approach  None ADF/NDB SDF VOR/TVOR VOR/DME TACAN	(Check all that apply)  PAR Sidestep ILS Localizer Only LOC-back course RNAV	ice n own	☐ None ☐ Traffic ☐ Straigh	nt-In /Terrain Followi ound		☐ Stop and ☐ Touch a ☐ Simulate ☐ Forced I	nd Go ed Forced Landing Landing onary Landing			
10. Runway Inform	mation				12. Con		-	_	ce (Check all that apply)	
(a) Runway ID:	(L/R/C) (b) Length: _		_ m. (c) Width:	m.	☐ Dry ☐ Holes		☐ Snow-Co		☐ Water-Calm ☐ Water-Choppy	
•	☐ Gravel	ll that apply)  ☐ Macadam ☐ Metal/Woo ☐ Snow	□ Water		☐ Holes       ☐ Snow-Crusted       ☐ Water-Choppy         ☐ Ice Covered       ☐ Snow-Dry       ☐ Water-Glassy         ☐ Rough       ☐ Snow-Wet       ☐ Wet         ☐ Rubber Deposits       ☐ Soft       ☐ Unknown         ☐ Slush Covered       ☐ Vegetation					
H. FLIGHT ITINE	RARY INFORMAT	ION								
1. Last Departure	Point	2. Time o	f Departure	3. Destina	tion			5. Type Fli	ght Plan Filed	
(a) Aerodrome ID:		(-) T:						□ None	□ VFR/IFR □ IFR	
(b) City:		(a) Time:		(b) City: _				□ VFR	□ IFR □ Unknown	
(d) State:		(b)Time Z	Zone:	(c) State:						
(e) Country:				(d) Count	ry:			6. Activate	<b>d?</b> □ Yes □ No	
7. Type of ATC Cl  ☐ None ☐ VFR	learance/Service (C ☐ Special V ☐ IFR		pply) ☐ Special IFR ☐ VFR On To			☐ VFR Flight ☐ Traffic Adv		□ C:	ruise nknown/NA	
8. Airspace where	the accident/incider	nt occurred	(Check all that a	pply)						
$\square$ Class B $\square$	Class E	mo Area arning Area shibited Area	☐ Milita	icted Area ary Operations drome Advisor		(A)	Jet Training Special Air Traffic (	Area Control Area	☐ Unknown	
9. Aircraft Load D	escription (Check all									
☐ None ☐ Passengers ☐ Cargo	☐ Towing G☐ Towing B☐ Other Ext	anner	☐ Parachutists☐ Water☐ Chemical/F			☐ Livestock ☐ Unknown				
I. FUEL & SERVI	CES INFORMATIO	N								
1. Fuel on Board a (convert from pounds, a.		□ 80/ □ 100	Low Lead	☐ 115/145 ☐ Jet A ☐ Automot	ive	☐ JP3 ☐ JP4 ☐ JP5	☐ Other,	specify		
3. Other Services,	If Any, Prior to Dep	parture								

J. EVACUATION OF AIRCRAFT											
1. Was an emergency evacuation of the aircraft performed? □ Yes □ No											
2. Method of Exit – Describe how the occupants exited and how many occupants evacuated each location											
K. WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE											
K. WEATHER INFORMATION	AT THE AC	CIDENT/	INCID	ENT SITE							
1. Weather Observation Facility	•			urce of Wea	ther Inform	ation		3. Method of Briefing			
(a) Facility ID:				all that apply) ional Weather S	Service		l Company	(Check all that apply)  ☐ In Person			
(b) Observation Time:			☐ Air	Traffic Service			Military	☐ Teletype			
<ul><li>(c) Time Zone:</li><li>(d) Distance from Accident Site:</li></ul>			☐ TV	/Radio tomated Report			l Internet l Unknown	☐ Telephone/Computer ☐ Aircraft Radio			
(e) Direction from Accident Site:				nmercial Weath				☐ TV/Radio ☐ Unknown			
4. Briefing Type/Completeness			5. Lig	ght Conditio	n			6. Visibility			
	Abbreviated		☐ Dav	wn $\square$	Dusk	☐ Dark		·			
3	Unknown Not Pertinent		☐ Day	у Ц	Night		ht Night Reported	km (nm)			
7. Sky/Lowest Cloud Condition	1	8. Ceilin	g				9. Restriction	n to Visibility (Check all that apply)			
☐ Clear ☐ Thin B☐ Few ☐ Thin O		☐ None (c☐ Broken	,		Obscured		☐ None ☐ Fog ☐ Ground Fog				
☐ Partial Obscuration ☐ Unknow							☐ Blowing Sand ☐ Haze				
☐ Scattered							☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke				
10. Lowest Cloud Condition H	· ·	11.Ceili	ng Height				☐ Dust ☐ Unknown				
	_ ft. AGL				ft. AG	L					
12. Wind Direction	13. Wind Spe	eed		14. Wind S	speed		15. Type of Turbulance (Check all that apply)				
<ul><li>(a) ☐ Indicated:</li><li>(b) degrees MAG</li></ul>	Velocity:	kı	n (kts)	Velocity:	kı	m (kts)	□ None       □ In Clouds         □ Clear Air       □ Vicinity of Thunderstorms				
	<b>-or-</b> □ Calm			☐ Gueting			16. Severity of Turbulance				
(c) ☐ Variable	☐ Light and Var	riable	☐ Gusting ☐ Non Gusting				☐ Extreme ☐ Moderate ☐ Light				
17. NOTAMs (D, L and FDC),	AIRMETS SI	GMETs 1	PIREP	s in effect at	the time of	the acc		Severe			
17. 110 1711113 (D, E and 1 DC),	(HICHE13, 51)	GWIL 13, 1	III	s in circu au	the time of	the acc	ident/incident	•			
<b>18.</b> Temperature:	_(C)	22. Icing	Forec	ast			· · ·	Precipitation (Check all that apply)			
or	_ (F)	_ ` ′	Amount		(b) Type		☐ None ☐ Rain	☐ Drizzle ☐ Ice Pellets			
19. Altimeter Setting:		☐ None ☐ Trace		Moderate Severe	☐ Rime ☐ Clear		□ Snow	☐ Snow Pellets			
or		☐ Light			☐ Mixed	I	☐ Hail ☐ Rain Showers	3			
20. Density Altitude:							☐ Freezing Rain ☐ Snow Shower				
21. Dew Point:	(T)	23. Icing	Actua	ıl				of Precipitation			
or	(r)	(a) Am			(b) Type			Moderate ☐ Heavy			
		☐ None ☐ Trace		Moderate Severe	☐ Rime ☐ Clear						
		☐ I race	<u></u> Ц ;	SCYCIC	☐ Clear	l					

L. PILOT "A" INFORMATION												
1. Pilot "A" Responsibilities at the Time of Accident/Incident												
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew												
2. Pilot "A" Identification												
(a) First Name: (e) City:												
(b) Middle Initial: (g) P-Code:												
(c) Last Name: (h) Country:												
(d) Age at time of Accident/Incident: (e) Date of Birth: (i) License Number:												
dd/mm/yyyy												
3. Degree of Injury												
☐ None ☐ Fatal	☐ Left	☐ Fro		Unknown	Used	☐ Yes	3	□ No	Used □ Yes □ No			
☐ Minor ☐ Unknown ☐ Serious	☐ Right ☐ Center	□ Re			Available	☐ Yes	3	□ No Available □ Yes □ No				
	Eck an mai appry) □ Student		☐ Sport		☐ Commerc	ial		☐ Flight Engir	neer	☐ Foreign		
	☐ Flight Instructo		ш <i>брог</i> с		☐ Airline Tr			☐ Military	icci	L i oreign		
8. Occupation	9. Medical C	ertificate			10. Medic	al Certi	ificate	Validity	11. Date of	Last Medic	al	
□ Pilot		Class 3			☐ Without l			s				
☐ Other ☐ Unknown		<ul><li>□ Driver's</li><li>□ Unknow</li></ul>	License (Spor		<ul><li>□ With limit</li><li>□ Unknown</li></ul>		aivers			nm/yyyy		
12. Medical Certificate									44/1	ning yyyy		
13. Medical Certificate	Waivers											
14. Date of Last Flight	Review	1	15. Flight R	Review Aircra	ıft							
or Equivalent, Inclu	ding Proficie	icy (	a) Make:									
Checks:		,	b) Model:									
	nm/yyyy			10 Instance	ant Datin	~(a)	10 I	naturatar D	ating(a)			
16. Airplane Rating(s) (Check all that apply)	(Check all	r Rating( that apply)	(S)	18. Instrum (Check all that		g(s)		nstructor Rak all that apply)				
□ None	☐ None	11 27		☐ None	** **		□ No	ne		Instrument Air	plane	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Free Ba	lloon		☐ Airplane ☐ Helicopter				plane Single-E		Instrument Hel	licopter	
☐ Multiengine Land	☐ Glider	110011		☐ Powered Lif	ît			plane Multi-En roplane		Helicopter Glider		
☐ Multiengine Sea	☐ Gyropla							wered Lift		Sport		
	☐ Helicop ☐ Powere											
20. Type Ratings	l						21. S	tudent End	orsements	(Include Dates	)	
										•	,	
	<u> </u>	1	T		<u> </u>	<u> </u>			<u> </u>			
22 Flight Time (enter num	ber of All	This Mak	Airplane e Single	Airplane			Instru	ıment			Lighter	
hours in each box)	Aircraft	& Mode	_	Multiengine	Night	Act	ual	Simulated	Rotorcraft	Glider	Than Air	
(a) Total Time												
(b) Pilot in Command (PIC)		<del>                                     </del>							1			
(c) Time as Instructor												
(d) This Make/Model (e) Last 90 Days												
(f) Last 30 Days		+	+		+	1			+	1		
(g) Last 24 Hours		+			+				+			
·		1				1		1	1	1		

M. PILOT "B" INFORMATION														
1. Pilot "B" Responsibilities at the Time of Accident/Incident														
☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew														
2. Pilot "B" Identification														
(a) First Name: (e) City:														
(b) Middle Initial: (g) P-Code:														
(c) Last Name: (h) Country:														
(d) Age at time of Accident/Incident: (e) Date of Birth: (i) License Number:														
(d) Age at time of Accident/Incident (e) Date of Birth (f) License Number (f) License Number														
3. Degree of Injury														
□ None □ Fatal		Left	-	Front $\square$	Unknown	Us	sed	☐ Yes	3		Used □ Yes □ No			
☐ Minor ☐ Unknown		Right		Rear		Av	ailable	☐ Yes	3	□ No				
□ Serious □ Center □ Single														
	<i>eck all t</i> □ Stud			Пс			Commerc	. ,						
		ent ht Instructor		☐ Sport		_	Airline Tr			☐ Flight Engir☐ Military	neer	☐ Foreign		
8. Occupation	9. M	edical Ce	rtifica	te		10	). Medica	al Cert	ificate	Validity	11. Date of	Last Medic	al	
☐ Pilot	□ No		☐ Class				Without li			•				
Other	□ Cla	-		r's License (Spor	t Pilot only)		With limit		aivers					
Unknown	☐ Cla		Unkno	own			Unknown				dd/1	nm/yyyy		
12. Medical Certificate	Limit	ations												
13. Medical Certificate	Waive	ers												
14. Date of Last Flight	Reviev	N		15. Flight R	Review Airc	raft	<u> </u>							
or Equivalent, Inclu			cy	(a) Make:										
Checks:				(b) Model:										
	nm/yyyy			. ,					40.7					
<b>16. Airplane Rating(s)</b> (Check all that apply)		<b>17. Other</b> Check all th			18. Instru (Check all th			g(s)		nstructor Rank (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
□ None		□ None	ш ирріу	<i>'</i>	□ None	ш ир	piy)					Instrument Air	nlane	
☐ Single-Engine Land		☐ Airship			☐ Airplane				☐ Ai	plane Single-E	ngine $\square$	Instrument Hel		
☐ Single-Engine Sea☐ Multiengine Land		□ Free Ball □ Glider	loon		☐ Helicopte ☐ Powered					rplane Multi-En roplane		Helicopter Glider		
☐ Multiengine Sea		Gyroplan								wered Lift		Sport		
		<ul><li>☐ Helicopte</li><li>☐ Powered</li></ul>												
20. Type Ratings									21 S	tudent End	orsements	(Include Dates	)	
20. Type Katings									21. 0	tuucht Enu	or sements	(Include Dales	,	
			1		•		•					1		
22 Flight Time (enter num	ber of	4.11	This M	Airplane		_			Instr	ıment			T !-b4	
hours in each box)	v	All Aircraft	This M & Mo		Airplan Multiengi		Night	Act	ual	Simulated	Rotorcraft	Glider	Lighter Than Air	
(a) Total Time				_				<b>†</b>						
(b) Pilot in Command (PIC)														
(c) Time as Instructor														
(d) This Make/Model														
(e) Last 90 Days		-									1			
(f) Last 30 Days (g) Last 24 Hours											1			
(b) Lust 24 Hours					J		l			I				

N. ADDITIONAL FLIGHT CREW MEMBERS	(Excl	lusive of cabin cro	ew members, complete	the follo	wing in	forn	natio	n)					
Pilot Name and Address								_	e of I	•	•		
First Name:	_							None Mine		☐ Fatal ☐ Unknown			
Middle Initial: Last Name:		State:	P-Code: _					Serio			□ Clikilowii		
Pilot License(s) (Check all that apply)							Se	eat C	ccur	nied			
□ None □ Student □ Sport		Commercial	☐ Flight Engineer	☐ Fore	ign		□ Left				☐ Front		
☐ Private ☐ Flight Instructor		Airline Transport	☐ Military					Righ			□ Rear		
Type Rating/Endorsement for		Total Flight Tin					"	Cent	er		☐ Single ☐ Unknown		wn
Accident/Incident Aircraft? ☐ Yes ☐ No		of this Accident	/Incident:	hr									
Pilot Name and Address							D	egre	e of l				
First Name:	_							None Mine			☐ Fatal		
Middle Initial: Last Name:		State:						Serio			□ Unknown		
Pilot License(s) (Check all that apply)							S	eat C	ccur	nied			
□ None □ Student □ Sport		Commercial	☐ Flight Engineer	☐ Fore	ign			Left	ccu	,,,,,,	□ F1	ront	
☐ Private ☐ Flight Instructor		Airline Transport	☐ Military					Righ			□ R		
Type Rating/Endorsement for		Total Flight Tin						Cent	er		☐ Single ☐ Unknown		
Accident/Incident Aircraft? ☐ Yes ☐ No		of this Accident	/Incident:	hı	rs								
Pilot Name and Address							D	egre	e of l	nju	y		
First Name:	_							None			□ Fa		
Middle Initial:  Last Name:		State:	P-Code: _					Mino Serio			υ	nknov	wn
Pilot License(s) (Check all that apply)		country.					S	at C	ccur	ried			
□ None □ Student □ Sport		Commercial	☐ Flight Engineer	☐ Fore	ign			Left	ccu	ncu	□ F1	ront	
☐ Private ☐ Flight Instructor	☐ Airline Transport ☐ Military							Right				ear	
Type Rating/Endorsement for		Total Flight Tin					☐ Center				☐ Single ☐ Unknown		
		of this Assidant											
Accident/Incident Aircraft?		of this Accident			rs								
O. PASSENGER(S) / OTHER PERSONNEL	(Inclu					ece	ssar	y)					
	(Inclu					ece					ury	£.	
	(Inclu					nece	nne		conpaint		Injury	Injury	ıry wn
O. PASSENGER(S) / OTHER PERSONNEL	(Inclu				neet if r		nne		n-Occupant	tal	rious Injury	nor Injury	Injury
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address		de cabin crew me	embers; continue on se			Crew	nne		CAAV	Fatal	Serious Injury	Minor Injury	No Injury Unknown
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address  First Name:	City:	de cabin crew me	embers; continue on se	parate sh	neet if r	Crew	Non-Revenue	Revenue			<u> </u>		
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address  First Name:  Middle Initial:	City: State:	de cabin crew me	embers; continue on se	parate sh	neet if r	Crew	Non-Revenue	Revenue			<u> </u>		□ No Injury □ Unknown
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address  First Name:  Middle Initial:  Last Name:	City: State:	de cabin crew me	embers; continue on se	parate sh	neet if r	Crew	Non-Revenue	Revenue			<u> </u>		
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address  First Name:  Middle Initial:  Last Name:  First Name:	City: State: Coun	centry:	embers; continue on se	eparate sh	neet if r	Crew	□ Non-Revenue	Revenue					
O. PASSENGER(S) / OTHER PERSONNEL  Name and Address  First Name:  Middle Initial:  Last Name:  First Name:  Middle Initial:	City: State: Coun City: State:	de cabin crew me	P-Code:	eparate sh	neet if r	Crew	□ Non-Revenue	Revenue					
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P. NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)	
(a) Describe what occurred in chronological order, including circumstances leading to and nature of accident/	ncident.
(b) Describe terrain and include Wreckage distribution sketch if pertinent. Attach extra sheets if needed.	
(c) State time and point of departure, intended destination, and services obtained.	
Q. RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation	

R. ADDITIONAL INFORMATION (Please type or print in ink)								
Use this space if additiona	l space	is needed for any answers.						
S. I HEREBY CERTIFY	THA	THE ABOVE INFORMATION IS COM	MPLETE AND ACCURATE TO MY KN	OWLEDGE				
1. Date of this Report	T	gnature and Name of Pilot/Operator		<del></del>				
		<del>-</del>						
dd/mm/yyyy	(b) T	ype or Print Name:						
_		on Filing Report if Other than Pilot/Ope						
(c) Title		FOR CAAV US						
CAAV Accident/Inciden	t No		i e e e e e e e e e e e e e e e e e e e	Data Danaut Danaina				
CAAV Accident/Inciden	t INO.	Reviewed by CAAV Investigator	Name of Investigator	Date Report Received				