



Civil Aviation Authority of Sri Lanka
Aircraft Accident/ Serious Incident Report

IMPORTANT GUIDANCE: Provide as much details as possible immediately. The purpose of this form is to collect immediately the mandatory information pertaining to the accident/serious incident for CAA to act immediately for the investigation and review the causes. Details not available immediately should be sent later but at the earliest possible. Completed Form should be submitted at the earliest possible to: Director General of Civil Aviation, Civil Aviation Authority, No. 04, Hunupitiya Road, Colombo 02. Fax: +94-11-2304706, +94-11-2304644, +94-11-2304699 Tel: +94-11-2304606, +94-11-2358820 Email: sldgca@caa.lk with a copy to mgraaii@caa.lk

Role of reporter in relation to the aircraft:

Crew Operator Rescue/Fire Service Owner Aerodrome Operator Air Traffic Controller Other (Pl. specify)

Personal particulars of reporter

Your name Designation

Contact Address

Telephone Fax E mail

Crew & Operators Details

Name of PIC Nationality Type of Licence Licence No. & Date

Name of First Officer Nationality Type of Licence Licence No. & Date

Name of additional crew Nationality Crew position

Aircraft registration Flight Number Aircraft make & model

Aircraft Owner Aircraft Operator If hired, name of renter/hirer

Operator's Telephone Fax & E mail

Accident /Incident details

Date of Accident / Incident Time – UTC & Local Location

Last departure pt. Intended destination Actual point of landing (if different)

ATS route Heading IAS(Kt) Mach number Flight Level/ Altitude

Number of persons on board

Total Crew on board No injuries Minor injuries Serious injuries Fatalities

Total Pax on board No injuries Minor injuries Serious injuries Fatalities

No. of persons injured on ground Minor injuries Serious injuries Fatalities

Other Company employees onboard (specify duties)

Aircraft damage

Destroyed Substantial Minor Nil Damage description

Effect on flight

None	Rejected T/O	Precautionary landing	Engine/s shut down	Other
<input type="checkbox"/>				

Weather Conditions

Wind speed	Visibility	Precipitation	Cloud (type, amount & base)	Temperature (C°)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cloud Top	Cloud Base	QNH	QFE	Rain	Icing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Drizzle/Light/Moderate/Heavy	Nil/Light/Moderate/Sever

Other information relevant to the event

Flight rules	Flight condition	Light condition
VFR IFR	VMC IMC	Day Night Twilight
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ELT information: (as Applicable)

ELT manufacturer and model Fixed Portable

Manual activation Automatic Did not activate (why?)

ELT location
Cockpit Cabin Rear/tail Other

Phase of Flight

<input type="checkbox"/> Parked	<input type="checkbox"/> Pushback	<input type="checkbox"/> Taxing out	<input type="checkbox"/> Lined up	<input type="checkbox"/> Take off roll	<input type="checkbox"/> Holding (specify.....)	
<input type="checkbox"/> Lift off	<input type="checkbox"/> Climb	<input type="checkbox"/> Cruise	<input type="checkbox"/> Descent	<input type="checkbox"/> Approach	<input type="checkbox"/> Circuit	<input type="checkbox"/> Touch down
<input type="checkbox"/> Taxi in	<input type="checkbox"/> L/Roll					

Airspace designation <input type="text"/>	Runway state <input type="text"/>	Category <input type="text"/>
	Dry / Wet / Ice / Snow/ Slush	I/II/III

Type of Operation

ETOPS Passenger Freight Ferry Test Training Business Other (specify)

Description of dangerous goods on board

Wildlife strike

Was a bird or animal involved: No. of birds Species

Yes/No Small/Medium/ Large

Description of Accident/ Incident (All relevant documentation should be forwarded to CAASL. Attach additional paper if necessary)

Any other remarks (Attach additional paper if necessary)

Signature Date