



Civil Aviation Authority of Sri Lanka

**Aircraft Accident/ Incident Report Form**

Provide as much details as possible immediately. The purpose of this form is to collect immediately the mandatory information pertaining to the accident/incident for CAA to act immediately for the investigation and review the causes.

Completed form should be submitted at the earliest possible to: Director General of Civil Aviation, Civil Aviation Authority, No 64, Galle Road, Colombo 3. Fax: +94-11-2440231,+94-11-2424540 Tel: +94-11-2333447,+94-11-2391462 E-mail: [sldgca@caa.lk](mailto:sldgca@caa.lk)

Role of reporter in relation to the aircraft:

Crew     
  Operator     
  Rescue/Fire Service     
  Owner     
  Aerodrome Operator     
  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 hire 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

**Weather Conditions**

Wind speed  Visibility  Precipitation  Cloud (type, amount & base)  Temperature (C°)

Cloud Top  Cloud Base  QNH  QFE  Rain  Icing   
 Drizzle/Light/Moderate/Heavy Nil/Light/Moderate/Sever

**Other information relevant to the event**

Flight rules  VFR  IFR  
 Flight condition  VMC  IMC  
 Light condition Day  Night  Twilight

**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**

Parked  Pushback  Taxing out  Lined up  Take off roll  Holding(specify..... )  
 Lift off  Climb  Cruise  Descent  Approach  Circuit  Touch down  
 Taxi in  L/ Roll

Airspace designation  Runway state  Category   
 Dry / Wet / Ice / Snow/ Slush I/II/III

**Type of Operation**

ETOPS   
 Passenger  Freight  Ferry  Test  Training  Business  Other (specify)

**Wildlife strike**

Was a bird or animal involved:  No /Yes  
 No. of birds  Small /Medium / Large  
 Species

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

Include your suggestions as to how this type of occurrence could be prevented. (Attach additional paper if required.)

Signature  Date