

# Air Accident Investigation and Aviation Safety Board

Ex American Base, Building 221, Elliniko 167 01, GREECE

Tel.: +30 210 960 80 90 Fax: +30 210 96 17 137



## Notification of an Accident or Serious Incident to a Civil Registered Aircraft in respect to article 16 of law 2912/01 (immediate notification)

|  |   |  |   |   |
|--|---|--|---|---|
| This notification should be transmitted by phone or by fax. Please enter or mark $\emptyset$ fields. |   |  |   |   |
| <b>a</b>   | <b>Person Reporting</b>                                       | Name:  | Location:                                     | Phone :   |
|  |   |  | Position:                                     |   |
| <b>b</b>   | <b>Location of the Accident or serious Incident</b>           | Location :                                   | District / Country :                          |   |
|  | <b>Date / Time</b>  | Date :                                       | Time :  | <input type="checkbox"/> Local <input type="checkbox"/> UTC |
| <b>c</b>   | <b>Aircraft*</b>  | Manufacturer :                               | Model :                                       |   |
|  | <b>Mass category (MTOM)</b>                                   | <input type="checkbox"/> more than 20 t      | <input type="checkbox"/> between 5,7 t - 14 t | <input type="checkbox"/> below 2 t                          |
|  |   | <input type="checkbox"/> between 14 t - 20 t | <input type="checkbox"/> between 2 t - 5,7 t  | <input type="checkbox"/> unknown                            |
|  | <b>Registration and call sign</b>                             | Registration :                               | Call sign :                                   |   |
| <b>d</b>   | <b>Name of Operator</b>                                       | Name of Operator :                           |   |   |
|  | <b>Address of Operator</b>                                    | Address of Operator :                        | Telephone :                                   | e-mail :  |
| <b>e</b>   | <b>Type of Operation (Commercial operations)</b>              | <input type="checkbox"/> International       | <input type="checkbox"/> Scheduled            | <input type="checkbox"/> Passenger                          |
|  |   | <input type="checkbox"/> Domestic            | <input type="checkbox"/> Charter              | <input type="checkbox"/> Cargo                              |
|  |   | <input type="checkbox"/> Ferry               | <input type="checkbox"/> Training             | <input type="checkbox"/> other .....                        |
| <b>Type of Operation (General Aviation)</b>  | <input type="checkbox"/> Pleasure                             | Instructional                                |   | <input type="checkbox"/> other .....                        |
|  | <input type="checkbox"/> Business                             | <input type="checkbox"/> Solo                | <input type="checkbox"/> Dual                 | <input type="checkbox"/> Check                              |
|  | <b>Departure, Destination, Flight Plan</b>                    | Departure :                                  | Destination:                                  | Flight Plan:<br><input type="checkbox"/> none               |
| <b>f</b>   | <b>Pilot in Command</b>                                       | Surname :                                    | First Name :                                  |   |
| <b>g</b>   | <b>Number of persons on board</b>                             | Crew :                                       | Passengers :                                  | Total :   |
| <b>h</b>   | <b>Number of persons injured</b>                              | <b>Crew</b>                                  | <b>Passengers</b>                             | <b>Others</b>   |
|  |   | Fatal  |   |   |
|  |   | Serious                                      |   |   |
|  |   | Minor  |   |   |
|  |   | None   |   | -----   |
|  | <b>Damage to the Aircraft</b>                                 | <input type="checkbox"/> destroyed           | <input type="checkbox"/> substantial          | <input type="checkbox"/> minor                              |
|  | <b>Third party damage (Buildings, Vehicles, Plants, etc.)</b> | <input type="checkbox"/> none                | <input type="checkbox"/> unknown              |   |
| <b>i</b>   | <b>Dangerous goods on board</b>                               | <input type="checkbox"/> None                |   |   |

(Continued on next page)

\* For each aircraft a separate report is necessary.

**Notification of an Accident or Serious Incident  
to a Civil Registered Aircraft  
in respect to article 16 of law 2912/01**

**(continued)**

|   |   |  |  |   |
|---|---|--|--|---|
| <b>j</b>  | <b>Description of an Accident or Serious Incident</b> |  |  |   |
|   | <b>Phase of flight</b>                                | <input type="checkbox"/> Standing        | <input type="checkbox"/> Climb               | <input type="checkbox"/> Approach           |
|   |   | <input type="checkbox"/> Taxi            | <input type="checkbox"/> En route            | <input type="checkbox"/> Landing            |
|   |   | <input type="checkbox"/> Take off        | <input type="checkbox"/> Flight level change | <input type="checkbox"/> Taxi after landing |
|   |   | <input type="checkbox"/> Missed Approach | <input type="checkbox"/> Descent             | <input type="checkbox"/> Others             |
| Please give a short description of the circumstances of the accident or serious incident, damages, type of injuries and meteorological information. |   |  |  |   |
|   |   |  |  |   |
|   | <b>Light conditions</b>                               | <input type="checkbox"/> Daylight        | <input type="checkbox"/> Dawn                | <input type="checkbox"/> Night without moon |
|   |   | <input type="checkbox"/> Unknown         | <input type="checkbox"/> Dusk/twilight       | <input type="checkbox"/> Night with moon    |
|   | <b>Meteorological conditions</b>                      | <input type="checkbox"/> VMC             | <input type="checkbox"/> IMC                 | <input type="checkbox"/> CAT .....          |
|   | <b>ATIS</b>   |  |  |   |
| <b>k</b>  | <b>Confirmation</b>                                   | Location :                               | Date :                                       | Signature :                                 |
| <b>l</b>  | <b>File Number</b>                                    | X  |  |   |