



# NIGERIA CIVIL AVIATION AUTHORITY

Corporate Headquarters  
Nnamdi Azikiwe Int'l Airport, Domestic Wing, Abuja, Nigeria

## OCCURRENCE INVESTIGATION REPORT FORM

*Please fill in this form in CAPITAL LETTERS only. The information you provide will be electronically scanned and stored. Use the reverse of the form as a continuation sheet if necessary. Please complete as much information as possible.*

### Part 1

#### OCCURRENCE DETAILS

Occurrence Description:.....(Indicate Occurrence Type - Incident or Accident)

Date:.....Time:.....Local/UTC (delete as appropriate)

Location: .....

Lat/Long or OS Grid (if not on airfield): .....

NCAA File Reference: .....

Notes:	<p><b>1 AIRCRAFT</b></p> <p><i>1.1 AIRCRAFT DETAILS</i></p> <p>Registration: ..... Manufacturer: .....</p> <p>Generic Name: ..... Type and Series: .....</p> <p>Engine Model: ..... Number of Engines: .....</p> <p>Year of Manufacture: .....</p> <p>C of A Category: .....C of A Issue Date: .....</p> <p>C of A Expiry Date: .....</p> <p><i>1.2 CHECKS/ INSPECTIONS</i></p> <p>Total Airframe hours: ..... Total Cycles: .....</p> <p>Last Check/Inspection carried out: ..... Date: .....</p> <p>Name and Address/Location of Maintenance Organization:</p> <p>.....</p> <p>.....</p> <p>.....</p>
	<p><b>2 OPERATOR DETAILS</b></p> <p>Name: .....</p> <p>Address/ Location/ Contacts:</p> <p>.....</p> <p>.....</p> <p>.....</p>

	<b>3 ORGANISATION FLIGHT SAFETY OFFICER</b> Name: .....  Organization Address: ..... Contacts: .....																																								
Tick boxes as appropriate  Delete local/ UTC as appropriate	<b>4 FLIGHT</b>  <b>4.1 FLIGHT DETAILS</b> Purpose of flight: <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Aerial Work <input type="checkbox"/> Training <input type="checkbox"/> Agricultural <input type="checkbox"/> Non-Revenue Departure airfield: ..... Departure time: ..... Local/ UTC Planned destination: .....  <b>4.2 WEIGHTS AND LOAD DETAILS (Attach load sheet if available)</b> Basic: ..... (kg) C of G: ..... Max take-off weight: ..... (kg) Max landing weight: ..... (kg) No. of Crew: ..... Weight: ..... (kg) No of Passengers: ..... Weight: ..... (kg) Fuel type: ..... Weight: ..... (kg) Baggage/ Freight: ..... Weight: ..... (kg)																																								
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Tick boxes as appropriate stating another relevant	<b>6 AIRFIELD DETAILS (complete only if relevant)</b> Airfield name: ..... Runway used: ..... ICAO Designation: ..... Runway slope:..... Type of: <input type="checkbox"/> Departure <input type="checkbox"/> Approach LVPs in force: <input type="checkbox"/> Yes <input type="checkbox"/> No Navigation aids used: ..... Runway surface: <input type="checkbox"/> Grass <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other Surface condition: <input type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry <input type="checkbox"/> Contaminated <input type="checkbox"/> Firm <input type="checkbox"/> Soft																																								
Enter as applicable         Describe "Other" if	<b>7 FLIGHT CREW DETAILS</b>  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;"><u>Commander</u></th> <th style="width:25%; text-align: center;"><u>Co-Pilot</u></th> </tr> </thead> <tbody> <tr> <td>Name (including title): .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Date of birth: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Pilot flying (PF)/ Pilot non-flying (PNF): .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>LICENCE: Type: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Number: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Issuing Authority: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Valid until: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>MEDICAL: Class: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Valid until: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Limitations: .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>RATINGS: Instrument Rating: .....</td> <td>Valid until.....</td> <td>Valid until.....</td> </tr> <tr> <td>Type/ Ratings: .....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			<u>Commander</u>	<u>Co-Pilot</u>	Name (including title): .....	.....	.....	Date of birth: .....	.....	.....	Pilot flying (PF)/ Pilot non-flying (PNF): .....	.....	.....	LICENCE: Type: .....	.....	.....	Number: .....	.....	.....	Issuing Authority: .....	.....	.....	Valid until: .....	.....	.....	MEDICAL: Class: .....	.....	.....	Valid until: .....	.....	.....	Limitations: .....	.....	.....	RATINGS: Instrument Rating: .....	Valid until.....	Valid until.....	Type/ Ratings: .....	.....	.....
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appropriate		Other: .....		
Enter valid until date	REGENCY:	License Prof. Check: .....		
		Operator Prof. Check: .....		
		Annual Line Check: .....		
		SEP/ CRM: .....		
Enter the Hours in hrs. and min		Company Qualifications: .....		
		Hours: All types: .....		
		All types PIC: .....		
		On type: .....		
		On type PIC: .....		
		Last 90 days: .....		
		Last 28 days: .....		
		Last 24 hours: .....		
	DUTY:	Start of duty period (UTC): .....		
		Length of preceding rest period: .....		

<b>8 MAINTENANCE PERSONNEL DETAILS</b>				
<i>8.1 Airframe and Powerplant</i>				
	Name (including title): .....			
	Date of birth: .....			
	LICENCE:	Type: .....		
		Number: .....		
		Issuing Authority: .....		
		Valid until: .....		
	RATINGS:	Aircraft Type/ Rating: .....		
		Other: .....		
	TRAINING:	Initial training date: .....		
		Last refresher date: .....		
<i>8.2 Avionics</i>				
	Name (including title): .....			
	Date of birth: .....			
	LICENCE:	Type: .....		
		Number: .....		
		Issuing Authority: .....		
		Valid until: .....		
	RATINGS:	Aircraft Type/ Rating: .....		
		Other: .....		
	TRAINING:	Initial training date: .....		
		Last refresher date: .....		

<b>IMPORTANT</b> Please enter numbers of all persons on board (including those not injured)	<b>9 INJURIES TO PERSONNEL</b>			
	TOTAL PERSONS ON BOARD:	.....		
		<u>None</u>	<u>Minor</u>	<u>Serious</u>
	Pilot in Command:	.....		
	Second Pilot:	.....		
	Cabin Crew:	.....		
	Passengers:	.....		
	Others:	.....		

	<b>10 SURVIVABILITY</b>			
Tick damage	9.1 Damage to cockpit area:			



Show North and site elevation (amsl). If occurrence occurred on an airfield for which there is no published information, please provide as much detail as possible.

Any photographs of the site and / or aircraft would greatly assist the investigation.

### **13 SKETCH OCCURRENCE SITES**

