

Registration marks _____

Type of Aircraft _____

Date of occurrence _____

Time of occurrence _____

REPORT ON AIRCRAFT ACCIDENT OR SERIOUSE INCIDENT

This form must be filled out and sent to the Aircraft Accident
Investigation Board as soon as possible after the occurrence.

Please send this to following address:

RNF Hús FBSR, Flugvallarvegi, 101 Reykjavík,
Fax: +354 511 1667 Office: +354 5111666,
24 hr duty Tel: +354 6600336 e-mail: rnf@rnf.is

Place: _____

Short description of the accident/Incident: _____

INFORMATION OF THE FLIGHT

Type of flight: Scheduled: Private: Instr: Charter: Glider: Aerial work: Ambulance: Other: _____Flight plan: None: VFR: IFR: By phone: Sent to ATS: Where: _____

Last point of departure	Date	Time (UTC)	Intended Landing	Date	Time (UTC)

Number of Crew: _____ Number of passengers: _____

Phase: At rest: Starting: Taxi: Take off: Climb: Cruise: Decent: Landing: Other: _____

INFORMATION OF THE AIRCRAFT

Manuf. Serial nr:	Operator/User:
Year of manufacture:	Name:
Engines (type:	Address: _____ Tel: _____
Validity of CofA:	Post Code.: _____ State/Country: _____
Total hrs of A/C:	e-mail: _____
Last inspection, date:	Total Airframe hours at the time of occurrence:
- type of inspection:	Total Propeller hours:
- Engines:	Total engine hours:
- propeller:	1. _____
Max T/O weight:	2. _____
Weight at occurrence:	3. _____
Fuel QTY at take off:	4. _____
Fuel QTY at occurrence:	Insured by: _____
Type of fuel:	Maintained by: _____
CG limitations:	Address: _____ Tel: _____
Actual CG position:	Post Code: _____ State/Country: _____

DAMAGE TO AIRCRAFT

Will it be repaired? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>
If yes, where:
Name: _____
Address: _____ Tel: _____
Post Code.: _____ State/Country: _____
e-mail: _____

INJURIES TO PERSONS (Number)

USE OF SAFETY BELTS (Number)

	Fatal	Serious	Minor	None	Shoulder/waist	Waist	None
Pilot in Command							
Co pilot/Student							
Cabin crew							
Passengers							
Others							

Cf. art 4 of Icelandic regulation nr. 53/2006, "Notification of an accident or serious incident",
your duty is to send a copy of this report to the Civil Aviation Authorities **without the Appendix**.

OTHER DAMAGE:

PERSONAL INFORMATION

Pilot in Command:		License and date of issue:	
Address:		Date of type rating:	
Postal Code.:	State/Country:	Date of Instrument Rating:	
Tel. home.:	Mobile:	Date of last medical approval:	
e-mail:		Limitations:	
Date of birth:			
Social security number:		Date of last PFT:	
Flying experience (hrs)	Last 24 hrs:	Last 90 days:	Total hrs:
All types:			
This type:			
Number of landing this type			

INFORMATION OF THE AIRPORT (If relevant)

Runway in use: Heading:	°	Length:	Width
Slope: Up:	<input type="checkbox"/>	Level:	<input type="checkbox"/>
Down:	<input type="checkbox"/>	In degrees:	°
Braking action:			
Concrete:	<input type="checkbox"/>	Asphalt:	<input type="checkbox"/>
Gravel:	<input type="checkbox"/>	Short grass:	<input type="checkbox"/>
Long grass:	<input type="checkbox"/>	Dry:	<input type="checkbox"/>
Wet:	<input type="checkbox"/>	Ice:	<input type="checkbox"/>
Snow:	<input type="checkbox"/>	Slush:	<input type="checkbox"/>
Other:			
Calculated takeoff length:	/Actual:	Calculated length of landing:	/Actual
In contact with ATC at:		Frequency used:	; ;

METEOROLOGICAL INFORMATION (At the time of the occurrence)

Wind:	Direction:	°	Force:	KTS:	Gust:	KTS:
Turbulence: None: <input type="checkbox"/> Minor: <input type="checkbox"/> Moderate: <input type="checkbox"/> Heavy: <input type="checkbox"/>						
Visibility:	m.	RVR: Touchdown:	m.	Centre:	m.	Upwind end:
m.						
Visibility limitations: None: <input type="checkbox"/> Fog: <input type="checkbox"/> Precipitation: <input type="checkbox"/> Clouds: <input type="checkbox"/> Haze: <input type="checkbox"/> Blowing snow: <input type="checkbox"/>						
Temperature:	°C	Dew point:	°C	QNH:	hPa/Inc.	Cloud Cover/height:
Precipitation: None: <input type="checkbox"/> Rain: <input type="checkbox"/> Drizzle: <input type="checkbox"/> Snow: <input type="checkbox"/> Hail: <input type="checkbox"/> Sleet: <input type="checkbox"/> Super cooled: <input type="checkbox"/> Other:						
Type/Quantity of precipitation: Shower/snow: <input type="checkbox"/> Light: <input type="checkbox"/> Moderate: <input type="checkbox"/> Heavy: <input type="checkbox"/> Other:						
Icing: None: <input type="checkbox"/> Light: <input type="checkbox"/> Moderate: <input type="checkbox"/> Heavy: <input type="checkbox"/> Where on Aircraft:						
Light conditions: Daylight: <input type="checkbox"/> Twilight: <input type="checkbox"/> Dark night: <input type="checkbox"/> Moon: <input type="checkbox"/> Other:						
General meteorological conditions in the area: VMC: <input type="checkbox"/> IMC: <input type="checkbox"/> Below minima: <input type="checkbox"/>						

WITNESSES

Were there any witnesses? yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, where?			
Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Post Code:		Post Code:	
State/Country:		State/Country:	
e-mail:		e-mail:	

NOTIFICATION OF THE OCCURRENCE:

The occurrence was reported to whom and when:
Did police arrive? yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, from what community?

I hereby confirm that the above information is correct.

Place and date: _____ Signature of the pilot in command: _____

