



# REPORT ON AIRCRAFT ACCIDENT OR SERIOUSE INCIDENT

This form must be filled out and sent to the Icelandic  
Transportation Safety Board as soon as possible after the  
occurrence. Please send this to following address:  
RNSA Hús FBSR, Flugvallarvegi 7, 101 Reykjavík,  
Fax: +354 511 6501 Office: +354 5116500,  
24 hr duty Tel: +354 6600336 e-mail: RNSA@RNSA.is

Registration marks \_\_\_\_\_

\_\_\_\_\_

Type of Aircraft

\_\_\_\_\_

Date of occurrence \_\_\_\_\_

Time of occurrence \_\_\_\_\_

<b>Place:</b>	°   '   "   N	°   '   "   W
<b>Short description of the accident/Incident:</b>		

### INFORMATION OF THE FLIGHT

Type of flight: Scheduled: <input type="checkbox"/> Private: <input type="checkbox"/> Instr: <input type="checkbox"/> Charter: <input type="checkbox"/> Glider: <input type="checkbox"/> Aerial work: <input type="checkbox"/> Ambulance: <input type="checkbox"/> Other: _____					
Flight plan: None: <input type="checkbox"/> VFR: <input type="checkbox"/> IFR: <input type="checkbox"/> By phone: <input type="checkbox"/> Sent to ATS: <input type="checkbox"/> Where: _____					
Last point of departure	Date	Time (UTC)	Intended Landing	Date	Time (UTC)
Number of Crew:			Number of passengers:		
Phase: At rest: <input type="checkbox"/> Starting: <input type="checkbox"/> Taxi: <input type="checkbox"/> Take off: <input type="checkbox"/> Climb: <input type="checkbox"/> Cruise: <input type="checkbox"/> Decent: <input type="checkbox"/> Landing: <input type="checkbox"/> 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:	

### 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							

**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:	
<b>Flying experience</b> (hrs)	<b>Last 24 hrs:</b>	<b>Last 90 days:</b>	<b>Total hrs:</b>
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: \_\_\_\_\_



