



**MINISTRY OF WORKS AND TRANSPORT
DIRECTORATE OF AIRCRAFT ACCIDENT AND INCIDENT
INVESTIGATIONS
Tel: 264-61-2088410
EMAIL : Daaii@mwt.gov.na**

OWNER/OPERATOR: ACCIDENT/INCIDENT QUESTIONNAIRE

Name of Owner/Operator :		Reference :
		Aircraft Code :
Address :	Aircraft Description :	
	Aircraft Registration :	
	Date of Accident :	
<p>Please Note:</p> <ol style="list-style-type: none"> 1. In terms of the Regulations relating to aircraft accidents and incidents 2020 the following information must be submitted to the Directorate within 24 hours of occurrence.: 2. All appropriate particulars must be furnished. If actual figures are not known, please provide estimates. 3. <input type="checkbox"/> - Indicate with an X where applicable. 		

A. INFORMATION PERTAINING TO THE AIRCRAFT

1. Maximum Certified Mass : kg

2. Aircraft Categories:

<input type="checkbox"/> Aircraft	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Glider
<input type="checkbox"/> Gyroplane	<input type="checkbox"/> Balloon	<input type="checkbox"/> Other

3. Amateur Build Aircraft Yes No

4. Number of Engines:

None	Single	Multi
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5. Operating Categories (Indicated on C of A):

STANDARD	RESTRICTED	
SPECIAL (EXPERIMENTAL)	SPECIAL (FLIGHT PERMIT)	

6. Total Airframe Hours at the time of the Accident/Incident : hrs

7. Total Engine Hours Since New/Last Overhaul:

No.1 :	No.2 :
No.3 :	No.4 :

8. Total Propeller Hours Since New/Last Overhaul:

No.1 :	No.2 :
No.3 :	No.4 :

9. Last Inspection:

Type Inspection	Date	Total Hours
Annual		
Mandatory Periodic Inspection		
Other (please specify)		
AMO/AP who certified last inspection		

10. DAMAGE SUSTAINED BY THE AIRCRAFT:

11. DETAILS OF ANY REPORTED DEFECTS NOT RECTIFIED BEFORE THIS FLIGHT:

B. GENERAL INFORMATION

1. WHAT TYPE OF OPERATION WAS EXECUTED?

<input type="checkbox"/> Domestic Scheduled Flight	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Private
<input type="checkbox"/> Domestic Charter Flight	<input type="checkbox"/> Training	<input type="checkbox"/> Other
<input type="checkbox"/> International Flight	<input type="checkbox"/> Aerial Survey / Observation	

(IF PRIVATE, DISREGARD PARAGRAPH 2)

2. a. ARE YOU IN POSSESSION OF AN OPERATOR'S LICENCE IN ACCORDANCE WITH THE DOMESTIC AIR SERVICES LICENCE ACT?

YES NO

b. ARE YOU IN POSSESSION OF AN OPERATORS LICENCE IN ACCORDANCE WITH THE INTERNATIONAL AIR SERVICES LICENCE ACT?

YES NO

c. WAS THE AIRCRAFT OPERATED BY ANOTHER ORGANISATION DURING THE ACCIDENT?

YES NO

d. IF YES (to any of the above – a to c), PROVIDE THE FOLLOWING INFORMATION:

NAME OF OPERATOR:	TEL.NO. :
LICENCE NO. OF OPERATOR:	CLASSIFICATION :

3. NAME AND ADDRESS OF PERSON/ORGINISATION RESPONSIBLE FOR REMOVING THE AIRCRAFT FROM THE SITE:

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4. NAME AND ADDRESS OF THE PERSON/ORGINISATION RESPONSIBLE FOR THE REPAIRS:

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5. CAUSE OF THE ACCIDENT/INCIDENT IN YOUR OPINION:

6. REMARKS:

I hereby declare that the above information, given by me, regarding the accident/incident is true and correct to the best of my knowledge and belief.

Signed at (place)on the (date).....

Signature:Capacity: