



Direction de l'Aviation Civile

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MINISTÈRE DU DÉVELOPPEMENT DURABLE
ET DES INFRASTRUCTURES
Département des transports

Administration des Enquêtes Techniques

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NOTIFICATION OF AN ACCIDENT, SERIOUS INCIDENT OR INCIDENT

Type of Occurrence: ACCIDENT SERIOUS INCIDENT INCIDENT

This notification should be transmitted by email, mail or fax. Please enter or mark <input type="checkbox"/> fields.						
a	Person reporting	First Name:	Last Name:	Employer:	Address:	
		Phone:	Email:			
b	Location of the Occurrence	Location:		Latitude: _____	Country:	
		Date, Time and Timeline		Longitude: _____		
		Date:	Time:	Timeline: <input type="checkbox"/> UTC <input type="checkbox"/> Local Time		
c	Aircraft *)	Manufacturer:		Model:		
		Weight category (MTOW)		<input type="checkbox"/> more than 5.700 kg <input type="checkbox"/> between 5.700 kg – 2.250 kg <input type="checkbox"/> below 2.250 kg		
		Registration and call sign		Registration:	call sign:	
d	Name of Operator	Name of Operator:				
		Address and State of Operator	Address of Operator:		State of Operator:	
e	Type of Operation (Air transport operations)	<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: _____				
e	Type of Operation (General Aviation)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business		Instructional: <input type="checkbox"/> other: _____		
				<input type="checkbox"/> Solo <input type="checkbox"/> Dual <input type="checkbox"/> Check <input type="checkbox"/> unknown		
		Departure, Destination and Flight Rules		Departure:	Destination:	Flight Rules: <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> other : _____
f	Pilot in Command	Last name:		First name:		
g	Number of persons on board	Crew:	Passengers:	Total:		
h	Number of persons injured	Crew	Passengers	Others		
		- fatal				
		- serious				
		- minor				
	- none					
Damage to the Aircraft		<input type="checkbox"/> destroyed <input type="checkbox"/> substantial <input type="checkbox"/> minor <input type="checkbox"/> none <input type="checkbox"/> unknown				
Third party damage (Buildings, vehicules, plants,...)		<input type="checkbox"/> no	Third Party Damage:			

Notification of an Accident, Serious Incident or Incident. (continued)

i	Dangerous goods on board	<input type="checkbox"/> no	DGR on board:	
j Description of the Occurrence				
Phase of flight		<input type="checkbox"/> Standing	<input type="checkbox"/> En route	<input type="checkbox"/> Missed approach
		<input type="checkbox"/> Taxi	<input type="checkbox"/> Flight level change	<input type="checkbox"/> Landing
		<input type="checkbox"/> Take off	<input type="checkbox"/> Descent	<input type="checkbox"/> Taxiing after landing
		<input type="checkbox"/> Climb	<input type="checkbox"/> Approach	<input type="checkbox"/> other: _____
Please give a short description of the circumstances of the occurrence, the damages, the type of injuries and the meteorological information.				
Light conditions at the moment of the event		<input type="checkbox"/> Daylight	<input type="checkbox"/> Dawn	<input type="checkbox"/> Night-dark
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Dusk / twilight	<input type="checkbox"/> Night-moonlight
Weather conditions		<input type="checkbox"/> VMC	<input type="checkbox"/> IMC	<input type="checkbox"/> CAT: _____
ATIS				
Confirmation		<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 45%;"></div> <div style="border-top: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Location and date Signature </div>		
File Number (will be defined by AET / DAC)	AET:	DAC:		