



Direction de l'Aviation Civile

B.P.283 L-2012 Luxembourg
Tel : +352-247-74900
Fax : +352-462438
Email : safety@av.etat.lu



MINISTÈRE DU DÉVELOPPEMENT DURABLE
ET DES INFRASTRUCTURES
Département des transports

Administration des Enquêtes Techniques

B.P.1388 L-1013 Luxembourg
Tel: +352-247-84404 (permanence)
Fax: +352-26 47 89 75
Email: info@aet.etat.lu

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 Instructional: <input type="checkbox"/> other: _____				
		<input type="checkbox"/> Business <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:			

