

 REPUBLIC OF BOTSWANA	Aircraft Accident/Incident Report Form Directorate of Accident Investigation(DAI)	DOC	AIG-DAI/007
		ISSUE DATE	March 2022
		REV	01

Provide as much details as possible immediately. The purpose of this form is to collect immediately the mandatory information pertaining to the accident/incident for DAI to act immediately for the investigation and review of the causes.

Completed forms should be submitted at the earliest possible to: Directorate of Accident Investigation, Ministry of Transport and Public Woks, Gaborone

Telephone : +267 73 011 582, +267 73 005 766, +267 73632 516, +267 73 003 957

E-mail : dai-reports@gov.bw

ROLE OF REPORTER IN RELATION TO THE AIRCRAFT:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew	Operator	Rescue/Fire Service	Air Traffic Controller	Aerodrome Operator	Other (Pls specify)
					<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

PERSONAL PARTICULARS OF REPORTER

Your Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Designation <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Contact Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Telephone <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Fax <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E-mail <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

CREW & OPERATORS DETAILS

Qualification of PIC	Nationality	Type of License	License No.	Date of Issue
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Qualification of first Officer	Nationality	Type of License	License No.	Date of Issue
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Name of additional Crew	Nationality	Crew position		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Aircraft registration	Flight Number	Aircraft make & model		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Aircraft Owner	Aircraft operator	If hired name of renter/hirer		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Engine Serial Number	Airframe Serial number			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Operator	Operator Telephone No.	Operator E-mail		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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ACCIDENT/INCIDENT DETAILS

Date of Accident/Incident	Time - UTC & Local	Location		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last Departure Place	Intended Destination	Actual Point of Landing (if different)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
ATS Route	Heading	IAS (Kts)	Mach Number	Flight Level/Altitude
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Person on Board

Total Crew on Board	No. Injuries	Minor Injuries	Serious Injuries	Fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pax on Board	No. Injuries	Minor Injuries	Serious Injuries	Fatalities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons Injured on Ground	Minor Injuries	Serious Injuries	Fatalities	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Other Company Employees' onboard (specify duties)

AIRCRAFT DAMAGE

Destroyed	Substantial	Minor	Nil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Damage Description

EFFECT OF FLIGHT

None	Rejected Take Off	Precautionary Landing	Engine Shut Down	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEATHER CONDITION

Wind Speed	Visibility	Precipitation	Temp (°C)	Cloud (type, amount & base)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cloud Top	Cloud Base	QNH	QFE	Rain	Icing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Drizzle/Light/Moderate/Heavy	Nil/Light/Moderate/Sever

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OTHER INFORMATION RELEVANT TO THE EVENT

Flight Rules		Flight Condition		Light Condition		
VFR	IFR	VMC	IMC	Day	Night	Twilight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELT Information: (as Applicable) ELT manufacturer and model

Fixed

☐

Portable

☐

Manual Activation

☐

Automatic

☐

Did not activate (Why)

☐
ELT LOCATION

Cockpit

☐

Cabin

☐

Rear/tail

☐

Other

☐
PHASE OF FLIGHT

Parked Pushback

☐

Taxing Out

☐

Take off Roll

☐

Holding (specify)

☐

Liftoff

☐

Climb

☐

Cruise

☐

Descent

☐

Approach

☐

Circuit

☐

Touchdown

☐

Taxi

☐

Roll

☐

Airspace Designation

Runway State

Category

TYPE OF OPERATION

ETOPS Passenger

☐
☐

Freight Ferry

☐

Test Training

☐
☐

Business

☐

Other (Specify)

☐

Description of Dangerous Goods on Board

WILDLIFE STRIKE

Was Bird or Animal Involved

Bird

☐

Number Involved

☐

Species

Animal

☐
☐

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DESCRIPTION OF ACCIDENT/INCIDENT (All relevant documentation should be forwarded to DAI. Attach additional Information if required.)

Include all suggestions as to how this type of occurrence could be prevented. (Attach additional information if required.)

Signature

Date