



**MINISTRY OF WORKS AND TRANSPORT
DIRECTORATE OF AIRCRAFT ACCIDENT INVESTIGATIONS
Tel: 264- 61- 2088410 Fax: 264 - 61- 2088495**

PILOT: ACCIDENT/INCIDENT QUESTIONNAIRE

Name of Pilot :		Reference :
Address:.....		Aircraft Description :
		Aircraft Registration :
		Date of Accident :
In terms of the Regulations regarding the Investigation of Aircraft Accidents, 1973, the following information must be submitted to the Agency before :		
Please Note: All appropriate particulars must be furnished. If actual figures are not known, please provide estimates. <input type="checkbox"/> - Indicate with an X where applicable.		

A. PILOT INFORMATION

1. Nationality : Namibian Other 2. Gender : Male Female 3. Age :

4. Telephone numbers and codes : (H) (W)

5. Licence no. : 6. Expiry Date :

7. Ratings :

<input type="checkbox"/> None	<input type="checkbox"/> Game/livestock cull
<input type="checkbox"/> Night Flight	<input type="checkbox"/> Agricultural Pilot
<input type="checkbox"/> Instrument	<input type="checkbox"/> Tug Pilot
<input type="checkbox"/> Flight Instructor Grade ① ② ③	<input type="checkbox"/> Approved Flight Examiner
<input type="checkbox"/> Safety Pilot	<input type="checkbox"/> Under sling/Winching
<input type="checkbox"/> Aerobatics	

8. Flying experience (Pilot-in-command):

Aircraft Category	Total Flying Hours	Flying Hours Past 90 Days	Flying Hours "On Type" Past 90 Days
Aeroplane			
Helicopter			
Glider			
Balloon			
Other			
Total			
Total Flying Hours "On Type" (Since Conversion)		<input style="width: 150px;" type="text"/>	

9. Instructor who certified the rating applicable to the accident/incident :

Name	Licence Number	Date
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

10. Instructor who certified aircraft type conversion applicable to the accident/incident :

Name	Licence Number	Date
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

11. Medical Certificate : Valid with no restrictions Valid with restrictions Lapsed None

B. Information Pertaining To The Flight

1. Type of Operation :

<input type="checkbox"/> International Flight	<input type="checkbox"/> Industrial Aid
<input type="checkbox"/> Domestic Charter Flight	<input type="checkbox"/> Training
<input type="checkbox"/> Domestic Flight	<input type="checkbox"/> Test Flight
<input type="checkbox"/> Aerial Survey/Observation	<input type="checkbox"/> Ferry
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Other Aerial Work
<input type="checkbox"/> Private	<input type="checkbox"/> Sport (Aerobatics/Paradrop etc)

2. Flight Rules :

<input type="checkbox"/> IFR Day
<input type="checkbox"/> IFR Night
<input type="checkbox"/> VFR Day
<input type="checkbox"/> VFR Night
<input type="checkbox"/> Special VFR

3. Flight Plan Filed :

Yes
 No

4. Weather forecast obtained :

Yes
 No

Weather Office:

4. Place of Departure: 5. Destination:.....

6. Flight time: Place of accident:

C. WEATHER CONDITIONS

Fine Thunderstorm Fog Smoke Haze Rain Sleet Drizzle Snow Hail

Wind direction :	Wind speed :	Visibility :
Temperature :	Cloud cover :	Cloud base :
Dew point :		

D. FLIGHT DETAILS (ALL SECTIONS TO BE COMPLETED)

D.1. TAKE-OFF

Time (UTC) :	Direction :	Airspeed :	Fuel on board :
Flap setting :	Terrain/Surface :	Runway length :	Field elevation :
*Weight (kg): Pilot - Pax - Baggage -		* Or supply load sheet	

D.2. POWER SETTINGS FOR TAKE-OFF

Piston - RPM :	Man.Press. :	Rotor RPM :
Turbine - Torque/EPR/TGT/ITT/JPT etc. :		

D.3. CRUISE INFORMATION

Power Settings (Piston) - RPM :	Man. Press. :		
Power Settings (Turbine) - Torque/EPR/TGT/ITT/JPT :			
Fuel flow :	True airspeed :	Altitude/Flight level :	Upper winds :

D.4. LANDING

Time (UTC) :	Direction :	Airspeed :	Fuel remaining :
Landing mass :	Flap setting :	Runway length :	Field elevation :
Terrain/Surface :			

E. INJURIES

	Fatal	Serious	Minor/None
Pilot			
Crew			
Passengers			
Other			

F. Persons on Board

Crew	
Passengers	

G. Damage to aircraft :

H. Other damage :

I. Cause of accident/incident in your opinion :

J. Description of accident or incident, including a sketch where appropriate. USE SEPARATE PAGE (AS SUPPLIED) !

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

