

Section/division Telephone number: Physical address

Postal address:

ACCIDENT AND INCIDENT INVESTIGATIONS DIVISION 011-545-1000

Form Number: CA 12-07 011-545-1466

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng Private Bag X73, Halfway House 1685

## **EXTERNAL NOTIFICATION OF OCCURENCES** IN TERMS OF CAR PART 12.02.1; 12.02.2 and 12.02.3

Occurrence Type				Date an Occu		Date and Time Reported				r Ref			
Accident				DATE	TIME	DA	<b>ΛΤΕ</b>	TI	ME	Our Ref			
Serious Incident		t											
Point of Departure	Date and Time of Departure												
Destination									Estimated Date & Time of Arrival				
Place of Acc	ident	ι											
1 1400 017100	100111					GPS	coordin	ates					
				NA <sup>-</sup>	TURE OF SI								
Mountainous		Se Riv	a / ver	Bush	Aerodr		Open F		Fa	arm		Othe	r
AIRCRAFT											1		
Manufacturer				Model			Re	gistra	tion		S	erial	
OCCUPANTS													
Pilot				Crev	v				Passer	ngers			
Fatalities		I	Injure	ed	•	No	t Injured	t		Oth	er		
		•			С	REW							
Pilot In Con				nand Details	3		[	Details	of Pilo	t not l	Flying		
Name						Name							
Licence Type						Licenc	е Туре						
Contact Details							ct Detai	ls					
OWNER, OPERATOR / LESSEE & AMO													
Details of Operator/Lessee													
Details of Owner													
Details of AM													
OCCURREN	CE D	ETA	AILS	(Kindly in:	sert more rov	vs or add	l anothe	er page	e in cas	e of ins	sufficie	nt spa	ace)
Details of Person Submitting													
Name						rganisati	ganisation Name						
Tel/Cell	_					nail							
Signature													
Was the Investigator on			on C	Call notified	? YES		ı	NO		If	"NO",	Why?	
Specify reaso					L	1	l		I				
AIID Office Use													
Registered by		Name of Admin Officer			Signature				Dat	е			
Evaluated by				me of ager/SM	Signature				Dat	е			
To be Investigated by			me c	of Accident stigator	Signature				Dat	е			