 <p>NCAA NAMIBIA CIVIL AVIATION AUTHORITY</p>	<p style="text-align: center;">REPUBLIC OF NAMIBIA</p> <p style="text-align: center;">NAMIBIA CIVIL AVIATION AUTHORITY</p> <p style="text-align: center;">AERONAUTICAL INFORMATION CIRCULAR</p>	<p>Executive Director Namibia Civil Aviation Authority Private Bag 12003 Ausspannplatz WINDHOEK</p>
<p>Tel: +264 61 702082 Fax +264 61 702088</p> <p>e-mail: aip@dca.com.na</p>		<p style="text-align: center;">AIC Series A 19/18 10 October 2018</p>

Accident, Incident and Hazard Reporting


1. This AIC replaces AIC A7/2016.
2. Collection of complete and accurate data on Accident, Incidents and Hazard Reports is fundamental in being able to investigate these events to improve safety and prevent a reoccurrence of the event in the future.
3. In line with International Databases used for the collection of incident and accident statistics the reporting forms used in Namibia have been amended to allow for the reporter to provide more information on these events.
4. For this purpose, aviation personnel, operators and service providers are requested to report Accidents, Incidents and Hazards using **FSS-GEN-FORM14 Aviation Occurrence Report V18-09.2.**
5. The Namibian Civil Aviation Regulations (NAMCar) refers to instances where Pilots, Air Traffic Controllers, Operators and Service Providers may be required to submit Occurrence Reports or ATS Incident reports to the Executive Director: Civil Aviation. When required to make such reports these should make use of the above-mentioned Form or an approved form as per the company SMS Manual. Operators may consider adapting their company forms to contain the required fields.
6. Where these reports are to be made to the Executive Director, these shall be emailed to incidents@ncaa.com.na and copied to daai@mwt.com.na.
7. Additional reporting on Accidents and Serious incidents may be required as defined in the Regulations Regarding the Investigation of Aircraft Accidents (2000). Pilots and Operators should ensure that the both the Executive Director and the Directorate of Aircraft Accident Investigations are informed as required by the applicable regulations.
8. The Aviation Occurrence Report form has been designed to be an interactive form with dropdown menus and selection boxes to ensure better reporting and statistical collection of data is maintained.

9. Once the form is completed this should be saved in PDF Format (thereby locking the selections) and mailed to the Authorities.
10. Instructions on completing the form are contained in Appendix 1.

Appendix 1

Completing the Namibia Aviation Safety Occurrence Report Form

1. The Namibia Aviation Safety Occurrence Report has a new look and allows for more information to be captured by the reporter. This assists in the investigation process as well as ensuring that correct statistical data is captured for trend analysis.
2. Reporters should complete as much information as is available at the time of reporting. It should be noted that the Form is a multifaceted form used for all areas of reporting. Should a section not be applicable to the type of occurrence being reported the reported should either leave it blank or select n/a from the dropdown lists is available. Descriptions on the information required in the fields are described below:


Namibia Aviation Safety Occurrence Report

Occurrence Classification	Aviation Occurrence Type			
Accident <input type="checkbox"/>	Flight Operations <input type="checkbox"/>	Air Navigation Services <input type="checkbox"/>		
Incident <input type="checkbox"/>	Aircraft Maintenance <input type="checkbox"/>	Aerodrome & Ground Handling <input type="checkbox"/>		
Hazard <input type="checkbox"/>	General Aviation <input type="checkbox"/>	Technical <input type="checkbox"/>		
	AVSEC <input type="checkbox"/>			

When and Where?
 Date of Occurrence: UTC Time of Incident
 Location of Occurrence:

Details of Occurrence
 Headline:
 Narrative:


Safety Alerts - Did any of these alerts trigger to assist in identifying the safety occurrence?
 Airborne: E-GPWS/TAWS etc. TCAS (TA or RA Stall Warning Systems
 Ground: STCA MSAW Runway Incursion Monitor Airspace Intruder

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3. **Occurrence Classification** Select one of the three options from Accident, Incident or Hazard that defines how the event is classified. Consideration of the Definition of an Accident as defined in the Civil Aviation Act (Act 6 of 2016) should be considered if selecting Accident.
4. **Aviation Occurrence Type:** Select the Type of that most closely resembles the area of operation where the occurrence happened. More than one Occurrence Type may be selected if required.
When and Where?
5. **Date of Occurrence** should be selected from the dropdown calendar. It may be required to click in the field, and then select the dropdown calendar on the right depending on the pdf reader used.

6. **UTC Time of Incident:** input the time of the incident in UTC in the format HHMM. Do not input local times in this block.
7. **Location of Occurrence:** Insert Airport, position, place or lat/long co-ordinates as may best describe where the event occurred.
8. **Headline:** Briefly describe the type of occurrence. (i.e. Runway Incursion/Engine Failure etc)
9. **Narrative:** Describe the occurrence in detail. Include full descriptions of the events and contributory factors that led up to the occurrence where applicable. State any measures and mitigations that may have assisted in the recovery of the event.
10. **Safety Alerts:** Select if any of the Safety Alert assisted in identifying the event or if they activated during the event occurrence.

Aircraft Details



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1st Aircraft	
Aircraft Details –	
Callsign: <input type="text"/>	Aircraft Registration: <input type="text"/>
Operator: <input type="text"/>	Persons on Board: <input type="text"/>
Operation type: <input type="text" value="Please select one"/>	
Aircraft Type: <input type="text"/>	Serial No: <input type="text"/>
Manufacturer Model and Series: <input type="text"/>	
Pilot in Command details (if known) <input type="text"/>	
Flight Details	
Aerodrome of Departure: <input type="text"/>	Planned Destination: <input type="text"/>
Phase of flight: <input type="text" value="Please select one"/>	Flight Rules: <input type="text" value="Please select one"/>
Aircraft Altitude or Flight Level: <input type="text"/>	Aircraft Speed: <input type="text"/>
Name of Specific procedure flown: <input type="text"/>	

11. **Callsign:** Insert the Callsign or Flight ID used for the aircraft. If the registration was used as a callsign insert aircraft registration.
12. **Aircraft Registration:** Insert the National Registration Mark depicted as the Aircraft Registration
13. **Operator:** Name of Operator
14. **Persons on Board:** Insert the number of Crew and Passengers (if known)
15. **Operation Type:** Select from Scheduled, Non-scheduled, Private, Military or Other.
16. **Aircraft Type:** State the aircraft Type, using the ICAO Designator.
17. **Serial Number:** Insert the Aircraft Serial number if known.
18. **Manufacturer Model and Series:** Where known insert the Manufacturer Model and Series numbers of the Aircraft Type.
19. **Pilot in Command:** Name of the Pilot in Command if known
20. **Aerodrome of Departure:** The aerodrome the aircraft last took off from. Use the ICAO Location Designator where such has been allocated.
21. **Planned Destination:** The planned destination of the Aircraft at departure. Use the ICAO Location Designator where such has been allocated.
22. **Phase of Flight:** Select from: Standing, tow, parked, taxi, take-off, climbing, en-route, descending, approach, landing, manoeuvring, post-impact or unknown.
23. **Flight Rules:** select IFR, VFR or Special VFR
24. **Aircraft Altitude or Flight Level:** Insert the altitude figure with the suffix **ft** or the Flight Level with the prefix **FL**.

25. **Aircraft Speed:** Specify TAS/IAS/Mach etc
26. **Name of Specific Procedure Flown:** SID/STAR/Instrument Approach Procedure/Airway etc.

Airspace

Airspace	
FIR Event occurred in:	Airspace Sector:
RTF Frequency:	Airspace Type: Please select one
Class of Airspace:	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Segregated <input type="checkbox"/> Special Use <input type="checkbox"/>
	Danger <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Unclassified <input type="checkbox"/>
Services provided:	Aerodrome Control <input type="checkbox"/> Aerodrome Flight Information Services (AFIS) <input type="checkbox"/>
	Approach Control <input type="checkbox"/> Surveillance <input type="checkbox"/> Procedural <input type="checkbox"/>
	Area Control <input type="checkbox"/> Surveillance <input type="checkbox"/> Procedural <input type="checkbox"/> Oceanic <input type="checkbox"/>
	Flight Information Service <input type="checkbox"/> Alerting Service <input type="checkbox"/> Search and Rescue <input type="checkbox"/>
	Aeronautical Information <input type="checkbox"/> Air Traffic Management Services <input type="checkbox"/>
CNS Equipment Contribution: Communication <input type="checkbox"/>	Navigation <input type="checkbox"/> Surveillance <input type="checkbox"/>
ATM Contribution to the event? Please select one	Effect on ATM Service: Please select one

27. **FIR Event Occurred in:** Use the ICAO Designator of the FIR where the event occurred
28. **Airspace Sector:** Insert the Sector name i.e. Windhoek Approach
29. **RTF Frequency:** Insert the radio-telephony frequency and band (i.e MHz, Hz) used at the time of incident if applicable
30. **Class of Airspace:** Select one of the Options from the selection boxes.
31. **Services Provided:** Select the type of ATS Service that was being provided at the time
32. **CNS Equipment Contribution:** Select if Communication, Navigation or Surveillance Equipment operation or failure had an effect on the event.
33. **ATM Contribution:** Select from: Directly Involved, Indirectly involved, None, Contributory, Mitigating or Unknown depending on the actions of ATS or CNS Systems played on the event
34. **Effect on ATM Service:** Indicate the effect the event had on the ability to continue to provide ATs or CNS Services from: No Effect, Degraded ATM, Minor Effect, Major Effect, Not Determined.


Weather

Weather (Insert as relevant)	
Met Conditions: Please select one	Wind Direction Degrees Wind Speed KT gusting KT
Wind measured at Please select one	Cloud Cover: Please select one Cloud-base FT.
Visibility metres	Visibility restrictions
Temperature: °C	Dew Point: °C Light Conditions Please select one
Turbulence Type and Intensity:	Windshear Conditions:
Precipitation Type: Please select one	Precipitation Intensity: Please select one
METAR and TAF Info:	

35. **Met Conditions:** Select the condition the aircraft was operating in if applicable from VMC, IMC or Unknown
36. **Wind Direction, Speed and Gusts:** Enter if appropriate and known at time of event
37. **Wind measured at:** Select from Surface, Altitude (Aircraft), Altitude (Other), Unknown as applicable
38. **Cloud Cover:** Select the option that best describes the Cloud cover at the time from CAVOK, NSC, FEW, SCT, BKN. OVC, Sky Obscured, Unknown or n/a.
39. **Cloud Base:** Insert the base of cloud cover
40. **Visibility and Restrictions:** Insert the visibility distance and the reason for any restrictions such as rain/dust/sand/fog/mist/haze etc.
41. **Temperature and Dew Point:** Insert in Degrees Celsius.
42. **Light Conditions:** Select from Dawn, Daylight, Dusk, Night (Dark,) Night (Moonlight) or unknown.
43. **Turbulence Type and Intensity:** Insert if applicable

44. **Windshear Conditions:** Insert if windshear was encountered and the effect of the windshear.
45. **Precipitation Type:** Select from rain, drizzle, hail, ice pellets, mist, fog, haze or n/a
46. **Precipitation Intensity:** When applicable select from Light, Moderate, Heavy or Unknown.
47. **METAR and TAF Info:** If a METAR or TAF was available at the time of the incident insert in this field the full text of the METAR or TAF.

Aircraft Separation



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Aircraft Separation

Horizontal Relative Movement:

Required Horizontal Separation: Actual Horizontal Separation:

Required Vertical Separation: Actual Vertical Separation:

Information on Other Aircraft: Before the evasive manoeuvre was the crew aware of other aircraft:

Traffic Information by ATC	<input type="checkbox"/>	Monitoring ATC Frequency (SA)	<input type="checkbox"/>
Broadcast by other Aircraft	<input type="checkbox"/>	Other Aircraft Seen	<input type="checkbox"/>
Monitoring TCAS (No Alert issued)	<input type="checkbox"/>	Not Aware of other aircraft	<input type="checkbox"/>

Avoidance Action

Issued by ATC TCAS RA Crew See and Avoid Other

Type of Avoidance Action Taken

48. **Horizontal Relative Movement:** Select from the dropdown list id the aircraft were on crossing tracks, converging tracks, parallel tracks, same track, diverging tracks or reciprocal tracks.
49. **Required and Actual Separation:** Insert the minimum required separation for the airspace and the actual separations attained if known.
50. **Information on Other Aircraft before the evasive manoeuvre:** Indicate if the CREW of the aircraft were aware of the other aircraft prior to having taken any evasive manoeuvre.
51. **Avoidance Action:** Indicate how the avoidance action was initiated. If Other is selected specify.
52. **Type of Avoidance action taken:** Describe the Avoidance i.e. climb/descend/turn etc.

Bird and Wildlife Encounters

Bird and Wildlife Encounters

Species type (if known): Size of Wildlife/Bird:

Number Seen: Number Struck by aircraft:

Part(s) of aircraft Struck: Damage to Aircraft:


53. **Species Type:** Name the bird or wildlife encountered
54. **Size:** Select from Small, Medium, Large or Unknown
55. **Number seen:** Estimate the number of birds or wildlife seen moving towards the aircraft.
56. **Number Struck:** Provide the number of birds or wildlife actually struck by the aircraft if this is known (i.e. carcasses recovered) if it was not possible to recover carcasses an estimate can be provided.
57. **Parts struck and Damage:** Provide descriptions of where the strikes occurred as well as what damaged was caused.

Aerodrome Operations

Aerodrome Operations			
Aerodrome where Event Occurred:		[Redacted]	
Position on the Aerodrome:		[Redacted]	
FOD Reports			
Type of FOD (if known):	[Redacted]	Damage:	[Redacted]
Origin of FOD (if known):	[Redacted]		
Spillages and Environmental Damage			
Type of Fluid Spilled:	[Redacted]		
Position of Spill/Environmental Damage:	[Redacted]		
Impact of Spill/Environmental Damage:	[Redacted]		
Origin of Spill/Environmental Damage:	[Redacted]		
Agency responsible for removal/rehab:	[Redacted]		
Aerodrome Infrastructure			
Runway	Designator:	[Redacted]	Description: [Redacted]
Taxiway	Designator:	[Redacted]	Description: [Redacted]
Apron	Designator:	[Redacted]	Description: [Redacted]
Other AD Infrastructure (e.g. Fence, Signage, Marking etc)		Description:	[Redacted]
Ground Handling Equipment involved			
[Redacted]			

58. **Aerodrome Where event occurred:** Where allocated use the ICAO Location Designator of the Aerodrome or the Aerodrome Name.
59. **Position on Aerodrome:** Describe where the event occurred using the Runway/Taxiway/Parking-stand/hangar designators or a description of the area if it does not have a designator.
60. **Spillages and Environmental Damage:** Describe the position, impact, origin of the spillage or environmental damage and agency responsible for the removal or rehabilitation of the damaged area.
61. **Aerodrome Infrastructure:** Describe any failed/degraded aerodrome infrastructure with a description of the failure/degradation.
62. **Ground Handling Equipment:** Describe any ground handling equipment that was involved in the event, or if the event is about poor/failed/degraded ground handling equipment, provide details in this field.

Injuries and Damage



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Injuries and Damage			
<i>Number of Persons Injured</i>			
	Fatal	Serious	Minor
Aircraft 1			Aircraft 2
Aircraft 2			
On Ground			
<p><i>Persons Incapacitated</i></p> <p>Duties of Person(s) Incapacitated: <input type="text" value="Please select one"/></p> <p>Cause of Incapacitation: <input style="width: 100%;" type="text"/></p> <p><i>Damage</i></p> <p>Highest Damage to ACFT <input type="text" value="Please select one"/> Other Objects Damaged <input style="width: 100%;" type="text"/></p>			
Description of	Structure of Parts Damaged		Description of Other objects Damaged

63. **Persons Injured:** Provide the number of people injured indicating if these injuries were fatal, serious or minor. Provide for each aircraft separately as well as any additional persons who may have been affected on the ground. Aircraft 1 Details should detail the crew and pax in the 1st Aircraft details previously completed under aircraft details and Aircraft 2 for the 2nd Aircraft. Should more than 2 aircraft be involved additional pages may be added to the report.
64. **Persons Incapacitated:** Describe any person that is incapacitated in the flight or duty period.
65. **Duties of Person Incapacitated:** Select from Flight Deck Crew, Cabin Crew, Other Onboard Crew, Passengers, ATC, Ground staff, Engineers, Maintenance Staff.
66. **Cause of Incapacitation:** Describe the cause of the incapacitations
67. **Damage:** Select the option that most closely describes the highest damage to the aircraft in this event from None, destroyed, substantial, minor, unknown. In the description box describe the damage in detail.
68. **Other Objects:** If other objects were damaged state what the object was and describe the damage in detail.

AVSEC

Aviation Security					
Interference with Aviation Ops	<input type="checkbox"/>	Screening Event	<input type="checkbox"/>	Aviation Security Emergency	<input type="checkbox"/>
Suspicious Activity or items	<input checked="" type="checkbox"/>	Screening Syst. Failure	<input type="checkbox"/>	Procedural Failure	<input type="checkbox"/>
Unauthorised Access	<input type="checkbox"/>	Unscreened Access	<input checked="" type="checkbox"/>	Prohibited Item/Weapon	<input type="checkbox"/>
Disruptive Persons	<input checked="" type="checkbox"/>	Bomb Threat	<input type="checkbox"/>	Misuse of Permit/ID Doc	<input type="checkbox"/>
Incident assessed?		Threat received by			
Genuine	<input type="checkbox"/>	Airport Operator	<input checked="" type="checkbox"/>	Airline (Airport Office)	<input type="checkbox"/>
Hoax	<input type="checkbox"/>	Airport Security	<input checked="" type="checkbox"/>	Airline (Aircraft Crew)	<input checked="" type="checkbox"/>
		Air Traffic Control	<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>

- 69. **AVSEC:** Select one or more of the Type of AVSEC Event that occurred
- 70. **AVSEC Incident Assessment:** Indicate if the incident was assessed and the outcome as genuine or hoax?
- 71. **Threat received by:** Select all the agencies that received the initial threat(s)

Hazards and Threats

Hazards and Threats	
<i>Any hazards or threats identified in the notification of occurrence report</i>	
Hazards/Threats identified by reporter	Recommended Actions to address hazard/threat

- 72. **Hazards and Threats:** Any Hazards or threats identified either on their own or in relation to an event that has occurred should be reported here.

Reporting

Reporting	
Date Reported: <input type="text"/>	Time reported: <input type="text"/>
Report Originator: <input type="text"/>	
Contact Details: <input type="text"/>	

- 73. **Reporting Details Date and Time:** Insert the date and time (in UTC) that this report is being completed
- 74. **Report Originator and contact details:** This field is optional, provide the name of the Person or organization reporting. If these details are not provided it may be difficult to fully investigate the matter if additional information is required. Feedback is also not possible if no details are provided in this field.

75. **Referencing**

Reference Number:	
Investigator Assigned:	

76. **Reference Number:** This field is mostly used by the authorities, however if an internal reference number is allocated in an organisation they may provide that in this field to assist with future correspondence.
77. **Investigator Assigned:** This is for the relevant Authorities to complete.