

## 5.4 Appendix 4 – Accident Notification Form



### ACCIDENT NOTIFICATION FORM

*TO BE COMPLETED BY THE PERSON WHO IS NOTIFIED OF THE ACCIDENT*

*FOLLOW THE EMERGENCY RESPONSE PLAN*

Emergency Response Coordinator: \_\_\_\_\_ (CP, CFI or delegate)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Notified by: \_\_\_\_\_

Location of Accident: \_\_\_\_\_  
*If possible, dispatch someone to the scene of the accident with water, food, sun protection*

Aircraft Type: \_\_\_\_\_ Aircraft Registration: \_\_\_\_\_

Pilot in Command: \_\_\_\_\_

Brief Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|       | Passenger Names | Company (if applicable) | Contact Phone No. |
|-------|-----------------|-------------------------|-------------------|
| Pax 1 |                 |                         |                   |
| Pax 2 |                 |                         |                   |
| Pax 3 |                 |                         |                   |
| Pax 4 |                 |                         |                   |
| Pax 5 |                 |                         |                   |

#### Details of Injuries:

|       |  |
|-------|--|
| Pilot |  |
| Pax 1 |  |
| Pax 2 |  |
| Pax 3 |  |
| Pax 4 |  |
| Pax 5 |  |