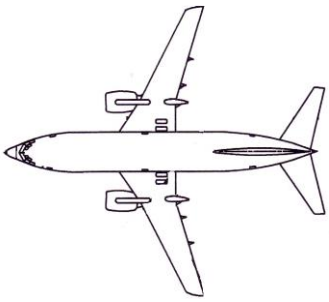
# GROUND INCIDENT/ACCIDENT/DAMAGE REPORT- INITIAL

One line statement of the main features of the incident/accident

| Airport: | Date: | Time of Occurrence (Local time): |
|---|---|---|

**Part 1. DESCRIPTION OF DAMAGE EVENT**

**DESCRIPTION OF DAMAGE**



***Mark a/c damaged place with circle***
***<u>OR</u> replace picture with photo***

**Part 2.**

Phase of Operation:
Area (Stand, etc.):
Aircraft Reg.
Aircraft Type:

Flight Nr.
Scheduled Ground Time:
Flight Delay: hrs. min.
Flight Cancelled: YES ☐ NO☐

**Part 3. NUMBER OF CASUALTIES**

| | Non Fatal | Fatalities |
|---|---|---|
| **Employees:** | | |
| **Passengers:** | | |
| **Others:** | | |

**Part 4. ACTIONS TAKEN IMMEDIATELY AFTER DAMAGE ON SITE**

**Part 5. REPORT PREPARED BY**

Company name and functions:
Details in report is approved by (Name, surname of manager:

**GROUND INCIDENT/ACCIDENT/DAMAGE REPORT SHALL BE ISSUED WITHIN 6 HOURS**

- FILLED FORM SEND TO AIRBALTIC: e-mail: groundops@airbaltic.lv