



The Hashemite Kingdom of Jordan  
Civil Aviation Authority

P.O. BOX 7547 Amman / Jordan, Phone +962 6 4983576, Fax +962 6 4875105

**WITNESS'S STATEMENT OF AIRCRAFT ACCIDENT/INCIDENT**

*The purpose of this statement is intended solely for use in determining the facts, condition, circumstances, and the probable cause of the subject accident without apportion blame or liability.*

Date:

1. Place of Accident/Incident:

Date:

Time:

2. Your name:

Your age:

3. Your address:

Phone number:

4. Your occupation:

Your employer:

5. Your location at the time of accident / incident

6. Tell in your own words what you saw and heard before and at the time the accident/incident occurred (you can use Arabic language):

\_\_\_\_\_  
Signature

(Use reverse side of sheet for diagram and additional statement—If you use it, you have to sign it)