



**The Hashemite Kingdom of Jordan  
Civil Aviation Authority**

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<b>From:</b>	<b>To:</b>	<b>Date &amp; Time (UTC):</b>
<b>Aircraft Accident / Incident preliminary Notice</b>		
<b>Part 1</b>	(First words of text) Aircraft Accident / Incident Preliminary	
<b>A</b>	<b>Information Form</b>	
	(1) Registration No.	(2) Make & Model
	(3) Operator of Aircraft	
	(4) Type of Activity (Air taxi. Instruction. Pleasure. Aerial application. Business. Sightseeing..... etc.) if known	
	(5) Brief Description of Circumstances Surrounding Occurrences	
	(6) Weather Data	
	(7) Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Fire <input type="checkbox"/> None	
<b>C</b>	<b>Occupants – Indicate Injuries: Fatal. Series. Minor. None.</b>	
	(1) Name & Address of Pilot / Injury	(2) Names of Crew / injuries
	(3) No. of Passengers / Injuries	
<b>D</b>	(1) Location of Occurrence ( Nearest City, Town and States) (Give Rout if overdue or missing)	
<b>E</b>	(1) Date & Time of occurrences in UTC	
<b>F</b>	(1) Information on Coverage of Occurrence by JCAA. Other	
<b>G</b>	<b>An Aircraft Traffic Services Summary of Flight Handling</b>	
	(1A) Last Departure Point	(1B) Date & Time
	(1C) Intended Destination	
	(2) Last Radio Contact / Position & Radar Position	
	(3) Last ATC Control Clearance	
	(4) Flight Plan <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	(5) Pilot Briefing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
(6) Others		
<b>Received at:</b>	<b>Delivered to:</b>	<b>Time:</b>
<b>Received via</b> <input type="checkbox"/> In person <input type="checkbox"/> Radio <input type="checkbox"/> Telephone	<b>Received by (Name, Signature &amp; Title):</b>	
<b>Note: Part 2</b> <input type="checkbox"/> On Other side <input type="checkbox"/> On Separate Form <input type="checkbox"/> Not required		

CAA / AAU Form 31-2