

EMERGENCY RESPONSE PLAN MANUAL

Appendices

E.7.2. Preliminary Information Card

Fill out and disseminate the following to ADA Operation Control and Safety Team:

Preliminary Information Card	
Description	Remarks
Identification Abbreviation	ACCID No*:
Aircraft Type / Nationality / Registration	
Owner / Operator / Client / Tour Operator	
Name of Pilot-in-Command	
Name of Second-in-Command	
Place / Date / Time (UTC) of Accident	
Departure Airport / Next Intended Destination	
Reference Position of Accident	
Number of Crew & Passengers on Board (CREW / PAX)	
Number Killed (CREW / PAX / OTHERS)	
Seriously Injured (CREW / PAX / OTHERS)	
Nature of Accident / Incident	
Any Other Information	

NOTE: *ACCID No - Accident Identification Number - "If known".

DD MMM YY Page **61** of **62**