



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

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

**INTERVIEWEE'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 reverses side of sheet for diagram and additional statement—If you use it, you have to sign it)