	Civil Aviation Regulatory Commission	**FORM**	
	FORM Code: 31 OF-0101	**Issuance:** 01	**Revision:** 00
	Management Rep. Approval:	**Date of Issuance:** (15/09/2026)	
	FORM Title: Occurrence Notification		

Occurrence Data						
Aircraft	Manufacturer:		Date:	(/ /)	Time UTC:	
	Model:		Flight Information	Last departure:		
	Nationality:			Intended landing:		
	Registration:			Flight Phase:		
	Owner/Operator:			Call Sign:		
Location:			Operation Type:			
	Damage Description:					
	Location access:					
On-board Information	Crew No.:	Nationalities:		Injuries:	Fatalities:	
	Passengers No.:	Nationalities:		Injuries:	Fatalities:	
	Dangerous goods:					
Weather Conditions:						
Runway Conditions:						

Occurrence Description

Reporter Information			
Name:		Title:	
Organization:		Address:	
Phone Number:		Email:	

Notes:

- *Information submitted through this portal will be used for aviation safety, occurrence reporting, and accident/incident investigation purposes in accordance with applicable Jordanian regulations and ICAO Annex 13 principles. Personal information will be protected to the maximum extent permitted by law.*
- *AAID accepts all forms submitted by Operators and Service Providers which are formatted and controlled within their QSMS. However, AAID may request for additional information.*

Investigating authority contact:	**Aircraft Accident Investigation Directorate: investigation@carc.gov.jo**