



**OCCURRENCE REPORTING FORM**  
**Civi Aviation Agency Republic of North Macedonia**

\* When completed, send by e-mail to [safetyreport@caa.gov.mk](mailto:safetyreport@caa.gov.mk)  
Department for SAR and investigation of incidents and occurrences, Aerodromes and Air Navigation Division

## Dangerous Goods Occurrence Report

### 1 Mark type of occurrence

Accident  Incident  Other Occurrence

### 2 Operator

Operator	Date of occurrence	Local time of occurrence
<input type="text"/>	<input type="text"/>	<input type="text"/>
Flight date	Flight No.	
<input type="text"/>	<input type="text"/>	
Departure Airport	Destination Airport	
<input type="text"/>	<input type="text"/>	
Aircraft type	Aircraft registration	
<input type="text"/>	<input type="text"/>	
Location of occurrence	Origin of goods	
<input type="text"/>	<input type="text"/>	

Description of the occurrence (including details of injury, damage, etc.)

Proper shipping name (incl. the technical name)	UN/ID No. (if known)
<input type="text"/>	<input type="text"/>

Class/Division (if known)	Subsidiary risk(s)	Packing group	Category (Class 7 only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of packaging	Packaging specification marking	Number of packages	Quantity (or transport index)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference No. of Air Waybill

Reference No. of courier pouch, baggage tag, or passenger ticket

### 3 Shipper, agent, passenger, etc.

Company

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street	Place	Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	E-Mail
<input type="text"/>	<input type="text"/>

# Dangerous Goods Occurrence Report

**4 Other relevant information (incl. suspected cause, any action taken)**

**5 Ground Handling Agent**

Company

Title	First Name	Last Name

Street	Place	Postal	Country

Telephone	E-Mail

**6 Signature**

Place	Date	Signature of person making report