

## Type of occurrence

☐ Accident

☐ Incident

☐ Undeclared

☐ Misdeclared

## Information of the occurrence

|                                                                             |                                                       |                    |                          |
|-----------------------------------------------------------------------------|-------------------------------------------------------|--------------------|--------------------------|
| Flight operator                                                             | Location of occurrence                                | Date of occurrence | Local time of occurrence |
| Aircraft type                                                               | Reference no. of air waybill/pouch/baggage tag/ticket | Flight No          | Flight date              |
| Departure airport                                                           | Destination airport                                   | Origin consignment |                          |
| Description of occurrence, including details of damage, loss or injury etc. |                                                       |                    |                          |

## Nature and quantity of dangerous goods

| Dangerous Goods Identification |                      |                                     |               | Quantity and type of packing | Packing inst. | Authorization |
|--------------------------------|----------------------|-------------------------------------|---------------|------------------------------|---------------|---------------|
| UN or ID No                    | Proper shipping name | Class or division (Subsidiary Risk) | Packing group |                              |               |               |
|                                |                      |                                     |               |                              |               |               |

If there is insufficient space to list all items, they can be listed on a separate sheet.

## Send to

Transportstyrelsen, SE-602 32 Norrköping, Sweden

Phone +46 771-503 503

E-mail: [asr@transportstyrelsen.se](mailto:asr@transportstyrelsen.se)

[www.transportstyrelsen.se](http://www.transportstyrelsen.se)

|                                                          |     |        |
|----------------------------------------------------------|-----|--------|
| Name of shipper, agent, passenger etc.                   |     |        |
| Address                                                  |     |        |
| Tel                                                      | Fax | E-mail |
| Name of Consignee                                        |     |        |
| Address                                                  |     |        |
| Tel                                                      | Fax | E-mail |
| Name of other parts involved (such as freight forwarder) |     |        |
| Address                                                  |     |        |
| Tel                                                      | Fax | E-mail |
| Any other reporting action taken                         |     |        |
| Name of person that completed the report                 |     | Title  |
| Tel                                                      | Fax | E-mail |
| Company name                                             |     |        |
| Address                                                  |     |        |
| Date                                                     |     |        |