**MODEL REPORT FORM ON ACT OF UNLAWFUL INTERFERENCE**

**Information Provided In This Report Is Confidential And Will Only Be Disclosed To Authorized Persons**

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| **PRELIMINARY REPORT** |  | **FINAL REPORT** |  |
|  |
| *The report should be completed and forwarded to the Director General, Kenya Civil Aviation Authority within 15 days of occurrence for Preliminary Report and 30 days for Final Report Pursuant to Regulation 54 of the Civil Aviation (Security) Regulations, 2015* |

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| Instructions1. *For incident(s) affecting Aircraft, please complete sections 1, 2, 4, 5 & 6 of the form;*
2. *For incidents affecting Airport / Air Navigation Facility of Other Aviation-Related Facility, complete sections 1, 3, 4, 5 & 6;*
3. *For Incident(s) affecting both aircraft and airport facility, please complete all sections of the form.*
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|  | **TYPE OF INCIDENT / AUI** | **Successful***(Check)***(✓)** | **Attempted Act** *(Check)* **(✓)** |
|  | Unlawful seizure of aircraft  |  |  |
|  | Hostage taking on board an aircraft or at an airport |  |  |
|  | Forcible intrusion on board an aircraft, at an airport, air navigation facility or other aviation-related facility |  |  |
|  | Attack on airport / air navigational facilities / other aviation-related facility *(including persons therein)* |  |  |
|  | Introduction of a weapon or hazardous device or material on board an aircraft or at an airport intended for criminal purposes |  |  |
|  | Destruction or serious damage of the airport facilities / air navigational facilities / other aviation-related facility |  |  |
|  | Unauthorized possession of a weapon, or hazardous device or material at an airport / air navigational facility / other aviation-related facility |  |  |
|  | Attack on aircraft in flight or in service (e.g. sabotage, MANPADS attack) |  |  |
|  | Communicating information which is known to be false, thereby endangering the safety of an aircraft, passengers, Crew, ground personnel, or the general public at an airport or on the premises of a civil aviation facility |  |  |
|  | Attack using aircraft as a weapon *(including using Remotely Piloted Aircraft Systems)* |  |  |
|  | Cyber-attack which endangers aviation safety |  |  |
|  | Attack using chemical, biological or radiological agents |  |  |
|  | Other unlawful act(s) not specified above *(specify below)* |  |  |

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|  | **INCIDENT AFFECTING AIRCRAFT** |
| 1.
 | **General Information** |
|  | Date of the Incident: |  | Time of the Incident: |  |
| *Day / Month / Year* | *Local time – 24-hour clock* |
|  | Location / Airport: |  |
|  | Start time of Incident: |   | End time of Incident: |  |
| *Local time – 24-hour clock* | *Local time – 24-hour clock* |
|  | **Flight Information** |
| Flight No.: | Registration: | Aircraft type: |
| Operator: | Airport of Departure: | Airport of Arrival: |
| Intended Destination: | State of Registry: | State of Operator: |
| Incident Took Place While Aircraft is: | On Ground: |  | In Flight: |  |
| Scheduled: |  | Chartered: |  | Domestic: |  | International: |  |
| No. of Paxs: |  | No. of Crew: |  | No. of IFSOs\*: |  | No. of Perpetrators: |  |
| *\*In-Flight Security Officers* |
|  | **Weapon / Method Used** | **Description** | **Real** | **Fake** |
|  | Firearm |  |  |  |
|  | Explosives |  |  |  |
|  | Incendiary Device(s) |  |  |  |
|  | None |  |  |  |
|  | Communicated Threat: | Telephone Call |  |  |
| Written Message |  |  |
| Other *(specify):* |  |  |
| Received by: |
| Time Received: |
|  | Other *(specify)* |  |
|  |
|  | **Number of Casualties / Injuries** |
|  | **Persons** | **No. Killed** | **No. Injured** | **No. of Affected Nationalities***(if known)* |
|  | Passengers |  |  |  |
|  | Crew Members |  |  |  |
|  | Perpetrators |  |  |  |
|  | Airport Staff |  |  |  |
|  | Members of the Public |  |  |  |
|  | Others *(specify)* |  |  |  |
|  | **INCIDENT AFFECTING AIRPORT / AIR NAVIGATION / AVIATION FACILITY** |
| 1.
 | **General Information** |
|  | Date of the Incident: |  | Time of the Incident: |  |
| *Day / Month / Year* | *Local time – 24-hour clock* |
|  | Name of Affected Facility: |  |
|  | Location / Airport: | On airport |  | *Specify:*  |
| Off-airport |  | *Specify:*  |
|  | Start time of Incident: |   | End time of Incident: |  |
| *Local time – 24-hour clock* | *Local time – 24-hour clock* |
|  | **Facility Information** |
| Affected Facility / Area: |  |
| Operator / Owner: |  |
| Name of Security Provider at the Facility: |  |
| Affected Service(s): |  |
|  |
|  | **Weapon / Method Used** | **Description** | **Real** | **Fake** |
|  | Firearm |  |  |  |
|  | Explosives |  |  |  |
|  | Incendiary Device(s) |  |  |  |
|  | None |  |  |  |
|  | Communicated Threat: | Telephone Call |  |  |
| Written Message |  |  |
| Other *(specify):* |  |  |
| Received by: |
| Time Received: |
|  | Other *(specify):* |  |
|  |
|  | **Number of Casualties / Injuries** |
|  | **Persons** | **No. Killed** | **No. Injured** | **No. of Affected Nationalities** *(if known)* |
|  | Passengers |  |  |  |
|  | Crew Members |  |  |  |
|  | Perpetrators |  |  |  |
|  | Airport Staff |  |  |  |
|  | Members of the Public |  |  |  |
|  | Others *(specify)* |  |  |  |
|  | **PARTICULARS OF PERPETRATORS** |
|  | **Name(s)** | **Gender** | **Nationality** | **National ID / Passport No.** | **Total No.** | **Remarks** |
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|  | How did perpetrators gain access to the aircraft / airport / air navigation facility or the affected aviation-related facility? |  |
| 1. W
 | Was there any attempt to stop the incident or access of the perpetrators to the aircraft or facility? |  | *(Check)* **(✓)** |
| Yes |  |
| No |  |
| 1. I
 | If Yes, by what means? | Negotiations |  |
| Force |  |
| Alarm |  |
| Called Security / Police |  |
|  | Results? | Successful |  |
| Unsuccessful |  |

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| --- | --- |
|  | **ADDITIONAL RELEVANT INFORMATION RELATED TO THE INCIDENT**  |
| *Please include as many details as possible, including information on damages, all affected facilities, perpetrators, weapons used, circumstances surrounding casualties and injuries as well as any temporary/interim or permanent corrective actions implemented as a result of the incident. Use extra page(s) if necessary. Photographic evidence may also be attached.* |
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|  | **PARTICULARS OF PERSON REPORTING THE INCIDENT *(OPTIONAL)*** |
| Name: |  | Title: |  |
| Department: |  |
| Telephone: |  | Email: |  |
| Signature: |  | Date:  |  |