



State of Vermont Operations Division  
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Agency of Transportation  
 Aviation Program

**AIRCRAFT / VEHICLE / EQUIPMENT ACCIDENT AND INCIDENT EVALUATION FORM**

(For initial evaluation of Aircraft / Vehicle / Equipment Accident or Incident)

1. Date and Time of Report:

2. Name of Reporting Party:

Reporting Party Address:

Reporting Party Phone #:

3. Date and Time of Event:

4. A/C Tail #/ Veh Plate #/ Equipment #:  Make / Model:

5. Name of Pilot / Operator:

Pilot / Operator Address:

Pilot / Operator Phone #:

6. Location of Accident:

7. Description of Event:

8. # of Passengers:  Names:

9. Extent of Injuries:

10. Aircraft fire?  Yes  No 11. Is wreckage secure?

12. Witness?  Yes  No If Yes, have each witness fill out witness statement.

Witness Names:

13. Controlling Agency:  FSDO / NTSB Notified?

14. Submitted by:

To Be completed by Aeronautics Administrator

ACCIDENT   
 INCIDENT   
 N/A

\_\_\_\_\_  
 Vermont Aeronautics Administrator

\_\_\_\_\_  
 Date