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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)

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: 9. Extent of Injuries: 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:
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: 9. Extent of Injuries: 10. Aircraft fire? Yes No If Yes, have each witness fill out witness statement.
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4. A/C Tail #/ Veh Plate #/ Equipment #: Make / Model: 5. Name of Pilot / Operator: Pilot / Operator Address: Pilot / Operator Phone #: Pilot / Operator Phone #: 6. Location of Accident: Pilot / Operator Phone #: 7. Description of Event: Pilot / Operator Phone #: 8. # of Passengers: Names: 9. Extent of Injuries: Pilot / Operator 10. Aircraft fire? Yes 12. Witness? Yes
5. Name of Pilot / Operator: Pilot / Operator Address: Pilot / Operator Phone #: 6. Location of Accident: 7. Description of Event: 8. # of Passengers: 9. Extent of Injuries: 10. Aircraft fire? Yes No 11. Is wreckage secure?
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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 Manager of Airport Operations & Maintenance ACCIDENT INCIDENT N/A INCIDENT