



Reported By (Optional)

Name _____ Phone _____
Office

Organization _____ Date ___ / ___ / ___

EVENT	Date ___ / ___ / ___ <small>Mo Day Year</small>	Local Time _____ <small>24 hour clock</small>	Injuries? Y N <small>Circle</small>	Damage? Y N <small>Circle</small>
	Location _____ State ____ <small>Airport, City, Lat / Long, or Fire Name</small>			

MISSION	Type _____ <small>Pax, Cargo, Recon, Sling, Longline, Rappel, etc.</small>		Procurement _____ <small>Contract, CWN, Rental, Fleet, Cooperator, etc.</small>	
	Number of Persons Onboard _____	Special Use? Y N <small>Circle</small>	Hazardous Materials <small>Circle</small>	
	Departure Point _____	Destination _____		

AIRCRAFT	N# _____	Manufacturer _____	Model _____
	Owner/Operator _____		Pilot _____

NARRATIVE	<i>Please provide a brief explanation of the event.</i>

This form is used to report any condition, observance, act, maintenance problem, or circumstance which has potential to cause an aviation-related mishap.

CORRECTIVE ACTION

Fold here

FROM:

Place
Stamp
Here

TO:

Fold here

Fold and send to:

*U.S. Forest Service - Local Forest and Regional Aviation Safety Officer in which the event took place.
U.S. Department of the Interior - Through Bureau channels to OAS Aviation Safety Manager, P.O. Box 15428, Boise, ID 83715-5428
or
Submit electronically through SAFETYNET at (208) 387-5823 (8-1-N).*