

PART A

**KANSAS STATE UNIVERSITY SALINA
AVIATION DEPARTMENT**

ACCIDENT / INCIDENT REPORT
MUST BE FILED WITHIN 24 HOURS

Date: ____/____/____ **Time:** ____:____ AM PM **Aircraft Type:** _____

Aircraft Number: _____ **Number of Occupants:** _____

Type of Flight /Operation: _____ **Lesson #:** _____

Location of Accident / Incident: _____

Weather at time of occurrence: _____

Narrative (attach additional sheets if required): _____

Flight Crew Data:

Name: _____ **Total Time:** _____ hrs. **Time in Type:** _____ hrs
Crew Position: _____ **Time flown in last 30 days:** _____ hrs
Total CFI Time: _____ hrs

Name: _____ **Total Time:** _____ hrs. **Time in Type:** _____ hrs
Crew Position: _____ **Time flown in last 30 days:** _____ hrs
Total CFI Time: _____ hrs

Name: _____ **Total Time:** _____ hrs. **Time in Type:** _____ hrs
Crew Position: _____ **Time flown in last 30 days:** _____ hrs
Total CFI Time: _____ hrs

Person Submitting Report:

Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone: (Home) (____) _____ - _____ (Work) (____) _____ - _____