

VALLEY FLIERS

1402 Auburn Way North, #223
Auburn WA 98002

Flight safety report

Accident, serious incident and occurrence report form

PLACE AND TIME OF OCCURRENCE

Place of occurrence (town, airport)	Date	Time	<input type="checkbox"/> LMT <input type="checkbox"/> UTC
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REPORTER'S PERSONAL DETAILS

Name	Age	Street Address		
Telephone (s)	City	State	ZIP	

FLIGHT EXPERIENCE (estimate if accurate information not available)

Experience on Aircraft type	Flight time last 90 days	Total Flight Experience
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AIRCRAFT

Tail Number (Registration)	Type of Aircraft
Schedule Master squawks	Noted preflight discrepancies

HISTORY OF FLIGHT

Departed From	Time	Landed at	Time
Destination	No. of crew	No of Pax	Phase of Flight at time of occurrence
Nature of Flight	Airspace Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G		
Flight Rules <input type="checkbox"/> VFR <input type="checkbox"/> IFR			

METEOROLOGICAL INFORMATION

Surface wind (direction/speed)	Wind <input type="checkbox"/> Steady <input type="checkbox"/> Gusty <input type="checkbox"/> Variable	Light conditions <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark			
Visibility	Clouds and cloud base	Temperature	Condition <input type="checkbox"/> VMC <input type="checkbox"/> IMC	Weather <input type="checkbox"/> Icing <input type="checkbox"/> Clear <input type="checkbox"/> Turbu- <input type="checkbox"/> Mist lence <input type="checkbox"/> Fog <input type="checkbox"/> Thunder <input type="checkbox"/> Mist <input type="checkbox"/> Inversion	Precipitation <input type="checkbox"/> Rain <input type="checkbox"/> Light <input type="checkbox"/> Snow <input type="checkbox"/> Mod <input type="checkbox"/> Hail <input type="checkbox"/> Heavy
Vertical Visibility		Dewpoint			

AIRPORT / RUNWAY / TAXIWAY CONDITIONS

Airport code	Runway # and Length	Active NOTAMs / TFRs?	Type of surface <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass <input type="checkbox"/> Gravel <input type="checkbox"/> Sand	Surface condition <input type="checkbox"/> Wet <input type="checkbox"/> Dry
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OCCURRENCE INFORMATION

Injuries to persons

Damage to aircraft

Probable cause

Is there anything you noted that could have prevented the incident?

Reported by

 Pilot-in-Command Air Traffic Control Safety Officer Other

Responsibility

 Accepts full responsibility for repairs Does not accept full responsibility for repairs (may result in Safety committee review)

Other pertinent information

Name and Date

Signature

Complete all pertinent sections of this form. If a Valley Fliers Board member feels clarification is needed you may be contacted for that information. Any additional information will be placed on a separate document and attached to this signed form.

Note: A drawing of the incident may be placed on the back of this form or photos can be attached

Mail completed document and all attachments to:
Valley Fliers
Attn: Safety Officer
1402 Auburn Way North, #223
Auburn WA 98002