	VLECOU	Reported By (O							
1		Name			Phone				
ΔV	ATION SAFETY COMMUNIQUE	Organization				Date / / /			
<b>—</b>	Date / / Local Tir	ne		Injuries? Y	N	Damage? Y N			
EVENT	Mo Day Year	24 hour clock		Circle		Circle			
Ε	Location					State			
		Airport, City, Lat/Long,	or Fire Name						
	Туре		Procur	emen <u>t</u>					
MISSION	Type Pax, Cargo, Recon, Sling, Longline, Rapp	el, etc.		Contract, CWN, Renta	l, Fleet, Cooperat	or, etc.			
SSI	Number of Persons Onboa <u>rd</u>		Special Use? Y	Ν	Hazardo	ous Materials			
≣			Circle			Circle			
	Departure Point		Destination						
Ę	N# Manufacturer				Model				
RA N									
AIRCRAFT	Owner/Operato <u>r</u>		Pilot						
NA	RRATIVE	ase provide a briei	f explanation of the	event.					
	NARRATIVE Please provide a brief explanation of the event.								
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This form is used to report any condition, observance, act, maintenance problem, or circumstance which has potential to cause an aviation-related mishap.

<b>CORRECTIVE ACTION</b>	١
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Fold here

FROM:

TO:

Fold here

Fold and send to: <u>U.S. Forest Service</u> - Local Forest and Regional Aviation Safety Officer in which the event took place. <u>U.S Department of the Interior</u> - Through Bureau channels to OAS Aviation Safety Manager, P.O. Box 15428, Boise, ID 83715-5428 or

Submit electronically through the OAS Home Page at http://www.oas.gov).

Place Stamp Here