MISHAP REPORT FORM	DATE OF REPORT	THIS REPORT MUST BE COMPLETED IN ACCORDANCE WITH CAPR 62-2 FOR ALL CAP MISHAPS

INSTRUCTIONS: This report must be completed by the unit commander or designee and forwarded within 48 hours following each accident which results in injury to any person and/or damage to any property during CAP activities. See CAPR 62-2, paragraph 5, for distribution.

DATE OF MISHAP	TIME OF MISHAP	REGION	WING	PLACE OF MISHAP

TYPE MISHAP *(Check one or more)* ☐ Bodily Injury ☐ Vehicle ☐ Aircraft ☐ Flight ☐ Ground

AIRCRAFT OR VEHICLE

A/C OR VEH NO.	A/C N-NUMBER OR VEH IDENTIFICATION NO.	YEAR/MAKE/MODEL	APPARENT DAMAGE SUSTAINED	EST REPAIR COSTS (OR MARKET VALUE IF TOTAL LOSS)
1				
2				

PRIVATE PROPERTY DAMAGE OTHER THAN AIRCRAFT OF VEHICLE (OBJECT DAMAGED AND EXTENT OF DAMAGE):	EST REPAIR COSTS

A. PERSON AT CONTROLS

A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER	CAP UNIT NO.	INJURY FATAL	INJURY NONFATAL
1					☐	☐
2					☐	☐

CAP Operator's License No. Veh 1: CAP Operator's License No. Veh 2:

B. CODE: W-WITNESS P-PASSENGER S-SCANNER O-OBSERVER Z-OTHER *(SPECIFY BELOW))*

A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER.	CODE	CAP UNIT NO.	INJURY FATAL	INJURY NONFATAL
1						☐	☐
2						☐	☐

Code Z *(Specify Here)*:

C. OWNER OF AIRCRAFT OR VEHICLE

A/C OR VEH NO.	GRADE AND NAME	AGE	PHONE NUMBER	CAP UNIT NO.	INJURY FATAL	INJURY NONFATAL
1					☐	☐
2					☐	☐

D. PERSON(S) INJURED NOT AS A RESULT OF AIRCRAFT OR VEHICLE MISHAP

GRADE AND NAME	AGE	PHONE NUMBER	CAP UNIT NO.	INJURY FATAL	INJURY NONFATAL
				☐	☐
				☐	☐

PURPOSE OF ACTIVITY:

MOVEMENT OF AIRCRAFT OR VEHICLE WAS REQUESTED BY:

For Ground Vehicle. Seat belt used? ☐ Yes ☐ No

For Pilot. Has PIC participated in FAA Pilot Proficiency Programs?

For Aircraft. Shoulder harness used? ☐ Yes ☐ No

Which phase? (Enter last phase completed)

PERSON AUTHORIZING MOVEMENT OF A/C OR VEH OPERATED BY CAP PERSONNEL:

GRADE AND NAME	POSITION	ADDRESS	PHONE NUMBER

ACCOUNT OF MISHAP: (Be brief and do not include statement or comments about fault or liability. Include sketches, diagrams, or additional pages if appropriate). (Refer to CAPR 62-2 before completing).

WEATHER CONDITIONS AT TIME OF MISHAP:

☐ Fog ☐ Rain ☐ Snow ☐ Sleet ☐ Ice ☐ Tornado Temperature: Degrees Visibility: Miles

A/C MISHAPS ONLY Dewpoint: Degrees Ceiling: Feet Wind: Kts Wind Dir:

PILOT INFORMATION	FOR PILOT IN COMMAND	FOR COPILOT OR STUDENT PILOT
TOTAL TIME		
TIME LAST 6 MONTHS		
TIME LAST 3 MONTHS		
TIME THIS MODEL		
NO. OF LANDINGS LAST 90 DAYS		
NO. OF FLIGHTS LAST 90 DAYS		
DATE OF LAST FORM 5 CHECKFLIGHT		
DATE OF LAST FORM 91 CHECKFLIGHT		
TIME IN RETRACTABLE GEAR IF APPLICABLE		
DATE OF FAA MEDICAL		
FAA RATING/CERTIFICATES/EXPIRATION DATES		
ANY PREVIOUS MISHAPS (EXPLAIN ABOVE)		

GENERAL *(Check Yes, No, or Not Applicable)*

	Yes	No	N/A		Yes	No	N/A
Trip Authorized by CAP Orders/Form 99?	☐	☐	☐	Mishap Resulted from CAP Activities?	☐	☐	☐
Photographs Taken?	☐	☐	☐				

DATE NTSB NOTIFIED AND LOCATION:

CHECK ONE: (IAW NTSB PART 830) ☐ Accident ☐ Incident

PHONE NUMBER OF PERSON COMPLETING THIS REPORT :

UNIT AND CHARTER NUMBER:

GRADE, NAME, AND CAPSN OF PERSON COMPLETING THIS REPORT:

SIGNATURE: