

GENERAL INFORMATION QUESTIONNAIRE	
Name:	Date of Mishap:
Rate/Rank:	Mishap Category:
Duty/Position:	Mishap Number:

**1. Mishap Information:** include all pertinent information regarding mission and craft (aircraft/vessel).

a. Type of mission involved:

- (1) Routine Patrol (scheduled): \_\_\_\_\_
- (2) Familiarization: \_\_\_\_\_
- (3) Search and Rescue: \_\_\_\_\_
- (4) Training: \_\_\_\_\_
- (5) Demonstration/Parades (static display/airshow/boat shows): \_\_\_\_\_
- (6) Deployment/TAD support: \_\_\_\_\_
  - (a) TAD Unit: \_\_\_\_\_
  - (b) TAD Command: \_\_\_\_\_
  - (c) Deployment mishap status: \_\_\_\_\_
    1. Mishap occurred during predeployment:  Yes  No
    2. Mishap occurred \_\_\_\_\_ days into deployment.
    3. Deployment scheduled to last \_\_\_\_\_ days.

b. Type of craft(s) (aircraft/vessel) involved in mishap:

- (1) Type: \_\_\_\_\_
- (2) Size: \_\_\_\_\_
- (3) Designation: \_\_\_\_\_
- (4) Model: \_\_\_\_\_
- (5) Class: \_\_\_\_\_
- (6) Reporting Unit: \_\_\_\_\_
- (7) Command: \_\_\_\_\_
- (8) Craft Status at time of Mishap:
 

<input type="checkbox"/> Stationary	<input type="checkbox"/> Taxi Way	<input type="checkbox"/> Hanger	<input type="checkbox"/> Runway
<input type="checkbox"/> In-flight	<input type="checkbox"/> Docked	<input type="checkbox"/> En-route	<input type="checkbox"/> Harbor
<input type="checkbox"/> Open water	<input type="checkbox"/> Embarked	<input type="checkbox"/> Disembarked	<input type="checkbox"/> Solo craft
			<input type="checkbox"/> Formation

**2. Crew Information:** include all personnel involved in primary craft (aircraft/vessel) as well as any crews from secondary craft or bystanders involved in the mishap.

- Number of primary crew (aircraft/vessel) personnel involved: \_\_\_\_\_
- Number of primary crew (aircraft/vessel) personnel injured: \_\_\_\_\_
- Number of ALL personnel (bystanders/crewmembers) involved: \_\_\_\_\_
- Number of ALL personnel (bystanders/crewmembers) injured: \_\_\_\_\_

