

**\*\*For internal USCG use only; exceptions made for DoD and other government agencies\*\***

U.S. Coast Guard  
Safety Assurance and Risk Reduction Division (CG-1132)  
**AVIATION HISTORICAL DATA REQUEST FORM**  
U.S. Coast Guard  
2703 Martin Luther King Jr Ave SE  
Washington, DC 20593-7902  
Phone: (202) 475-5219/5176/5162  
Fax: (202) 372-8471  
email: peter.m.evonuk@uscg.mil

Request for Query of USCG Aviation Mishap Database\*

From: \_\_\_\_\_ (Name, Unit, Position)

To: U.S. Coast Guard, COMDT (CG-1132) – Safety Assurance and Risk Reduction Division

Aircraft / Asset / Unit	Timeframe (1980-Present is in database)	Type of Mishap Event(s) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E (engine-damage only) <input type="checkbox"/> Flight <input type="checkbox"/> Flight-Related (no aircraft damage) <input type="checkbox"/> Ground (aviation ground)
Address		
Specific Search Criteria (e.g., engine failure, landing phase, bird strike)	Data desired from retrieved events: <input checked="" type="checkbox"/> Report number / Date / Time / Unit / Class <input type="checkbox"/> Aircraft / Model <input type="checkbox"/> Short Description <input type="checkbox"/> Narrative <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Information Purpose: <input type="checkbox"/> Mishap Investigation <input type="checkbox"/> Hazard Report <input type="checkbox"/> Unit Trng (e.g., safety standdown) <input type="checkbox"/> Academic research (incl R&D) <input type="checkbox"/> FOIA <input type="checkbox"/> Other _____	Retrieval Timeline <input type="checkbox"/> Urgent* <input type="checkbox"/> Routine  *Please explain why:	Method of Delivery Requested: <input type="checkbox"/> Fax <input type="checkbox"/> Postal Mail <input type="checkbox"/> Electronic (email or disk) {Note: Some data may not be transferable over email}
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Point of Contact Information:  Telephone:  Email address:	Other information:
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