YARRA VALLEY AEROMODELLERS CLUB

Incident Report Form

Name: _____ **Surname:** _____

Date & approx. time of incident (DD/MM/YYYY, hh:mm am/pm)

_____

Did anybody else witness the Incident ☐ Yes, please provide their names ☐ No

_____

Was anybody injured/property damaged ☐ Yes, please provide details below ☐ No

Were Emergency Services called ☐ Yes ☐ No

Aircraft Type ☐ Helicopter ☐ Fixed Wing ☐ Multi Rotor

Aircraft Brand & Model

_____

Power Source

☐ Glow/Diesel ☐ Electric/EDF ☐ Petrol

Radio Brand

☐ Hitec ☐ JR ☐ Futaba ☐ Spektrum ☐ RadioMaster ☐ Jeti ☐ Other

_____

Weather Conditions

_____

Description of Incident

_____

Preflight Checks Performed

☐ Failsafe Test ☐ Range Test

Likely Cause of Incident

_____

I declare that the information provided is true and correct

Signature: _____

Please submit to: report@yarravalleyaeromodellers.com.au