

# Airport Management Group Incident Report Form

**Complete this incident report form for any of the following:**

- Any incident or accident involving the airport, airport use, based or visiting aircraft
- Any incident or accident involving persons or property
- Deviation from any policy or procedure
- Deviation from, or violation of any local, state, federal law or regulations that may affect the airport, equipment or persons
- If staff member is not sure if an occurrence meets the criteria for an incident report, fill one out anyway

Upon completion of the incident report form, notify the manager or any other managing member immediately and advise them of the situation and any corrective action being taken.

## Please Print

<b>INFORMATION OF PERSON REPORTING INCIDENT</b>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

(w) \_\_\_\_\_

(c) \_\_\_\_\_

<b>Information on Incident</b>
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Nature of  
Incident: \_\_\_\_\_

Place of the incident:  
\_\_\_\_\_

Names of other people involved:  
\_\_\_\_\_  
\_\_\_\_\_

Actual Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Exact location of Incident:  
\_\_\_\_\_

Weather Conditions at the time of Incident: (enter N/A, if not a factor)  
\_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Description of the Indent (as detailed as possible, use additional pages if needed):**


- Manager Notified**                      **Date:**\_\_\_\_\_                      **Time:**\_\_\_\_\_
- Managing Member Notified**                      **Date:**\_\_\_\_\_                      **Time:**\_\_\_\_\_
- City Official Notified**                      **Date:**\_\_\_\_\_                      **Time:**\_\_\_\_\_
- FAA Notified (if required)**                      **Date:**\_\_\_\_\_                      **Time:**\_\_\_\_\_

<b>For Office Use Only</b>
<b>Date report received:</b> <b>Follow up Required: Yes/No</b>
<b>Follow up Action</b>
<b>Name of Investigating member:</b>
<b>Copies to:</b>

**Incident Closed:**    Yes/No                      **Date closed:**\_\_\_\_\_

**Closed by:**\_\_\_\_\_