

Revision 12
Date: 12/26/18

Aircraft Accident Verification Form

Forms Manual
Form 562

Flight Number	Aircraft Type	Date	Time
Location of Accident (or closest identifiable location or town)			
A/C Registration	PIC	SIC	CSR
Origin Point	Destination	Survivors	Fatalities
Aircraft Condition: <input type="checkbox"/> Destroyed <input type="checkbox"/> Major Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> Other			
Description of Accident / Incident:			
Other Information:			
REPORT SOURCE			
Name:		Title:	
Organization:		Location:	Phone Number:
Report Taken By:		Date:	Time:
Signature			Title: