



UAS INCIDENT/ ACCIDENT STATEMENT

(To be completed by LDH UAS Operator)

Agency Name

Agency ORM Location#

Date

Agency Address

Phone Number

Fax Number

UAS Operator Name

Personnel Number

Home Address

Contact Phone Number

Work E-mail

Registered Owners Name

Registration Number

UAS Information- Year Make and Model

Serial Number

Date and Time of Accident

Address Where Accident/ Incident Occurred

Description of Accident

Witness

- yes
 no

Witness Name

Witness Phone Number

Witness #2 Name

Witness #2 Phone Number

Under what FAA Regulation was the UAS being operated (Part 41/61/91/135/121/125/ETC)

Purpose of using the UAS

Describe the events and circumstances involved with the accident in as much detail as possible. Included copies of all statements and incident reports. Use extra sheets of paper if necessary and include any photos or diagrams that you feel may be related to the accident.

Anyone injured

- Yes
- No

If yes, who was injured (name)

Address

Phone Number

Injuries

Was Property Damaged

- yes
- no

What is damaged?

Police Report

Report #

Badge #

Officer Name

- Yes
- No

Certificate Expiration Date

Any issues with drone noticed before use?

Note: An emailed copy of this report should be submitted to agency safety coordinator, direct supervisor, LDH Safety Director and agency appointing Authority.
