

Stevens Point WI 54481-3897 715-346-2618; Fax: 715-346-3780

Effective: 09/01/17

## **UAS ACCIDENT/INCIDENT REPORT**

Pilot Name & Contact Information (street address, city, state, zip, e-mail & phone)
2. Pilot Affiliation
3. Copy of approved UW-Stevens Point UAS Operator Application Form or UW-assigned Flight Number.
4. Location of Accident/Incident: Address, Landmark or Latitude/Longitude
5. Date and Time of Accident/Incident
6. Accident Scene Photos/Diagram (attach document or images if applicable)
7. What was the purpose of the flight?
8. Please explain what happened
9. Please provide names of others involved as well as witnesses.
10. Please describe safety precautions that were taken prior to the flight.
11. Please describe any privacy concerns and measures that were taken to mitigate privacy issues (if
applicable)