



Aviation Safety Reporting (AvSR)

Please provide the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Date of Event: _____ Time of Event: _____

Witness Aircraft Type: _____ Witness Tail N#: _____

Describe your position when incident occurred (Takeoff, Landing, Downwind, etc.):

Runway # (If Applicable): _____ Weather Conditions (IFR, VFR, etc.): _____

Aircraft Altitude (AGL): _____ Aircraft Attitude (Climb, 10°): _____

Event Description, Please use as much detail as possible, include every factor:

Description of Other Aircraft: _____ Other Aircraft Type: _____

Other Tail N#: _____ Colors (ex. Blue on White): _____

Distinguishable Markings: _____ Other Pilots Name (If known): _____

1777 Langley Avenue
DeLand, FL 32724
(386) 740-6955
www.delandairport.org

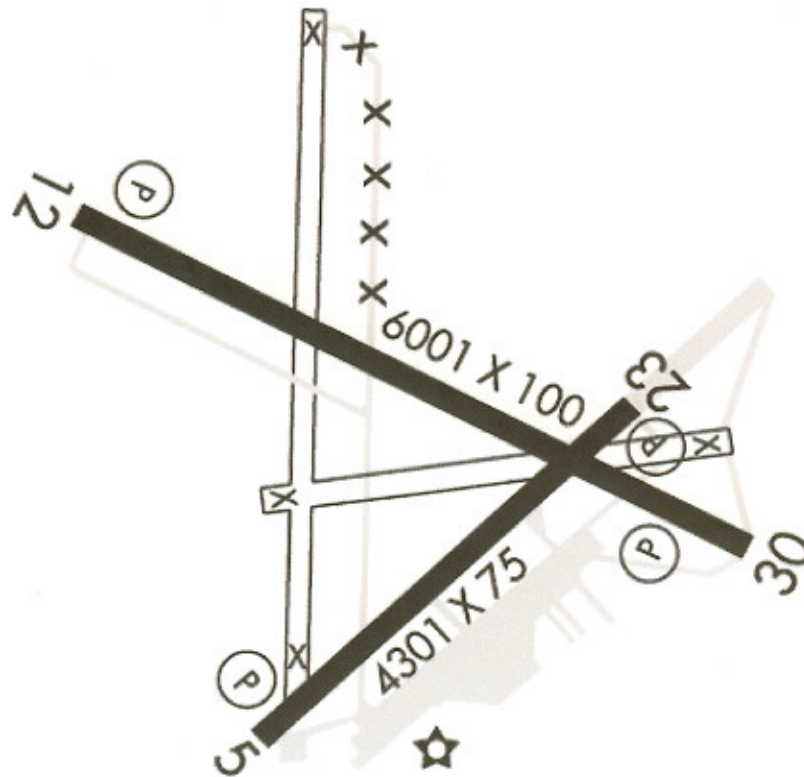


DELAND

MUNICIPAL AIRPORT

Please Draw a Diagram

Please include the location of event and with as much detail as possible at each point
(Altitude, Heading, Attitude, Visibility, Winds, etc.)



Witness Signature: _____

Date: _____

Please Email to: Landgraffn@deland.org

FLY SAFELY

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