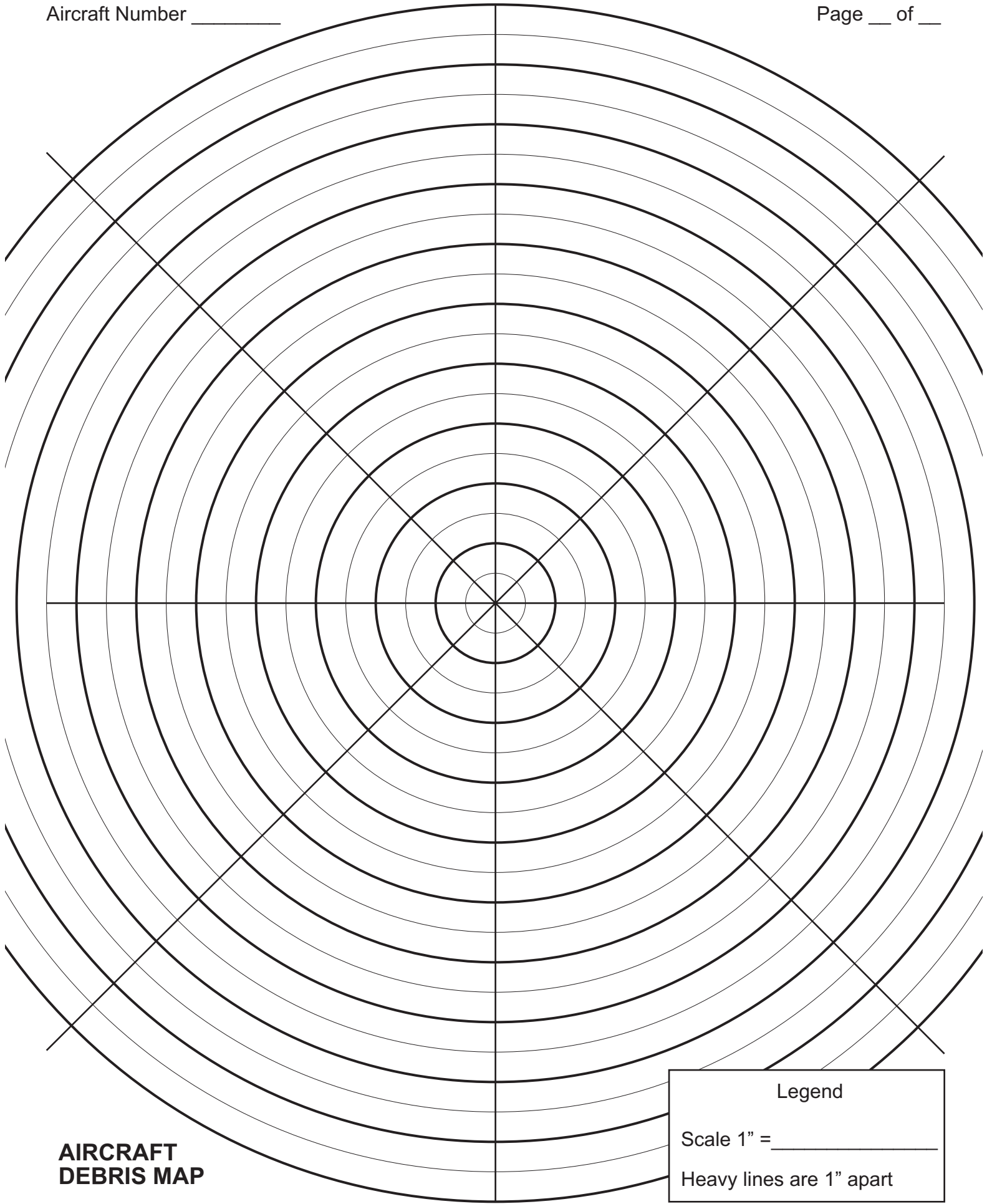


CRASH SCENE OBSERVATION FORM		1. Date _____	2. Time _____	3. Operational Period _____	
4. Branch _____		5. Division/Group _____		6. Incident Name _____	
7. Mission Number _____		8. State _____		9. Date of Crash _____	
10. Type of Aircraft _____		11. Tail Number _____		12. Number of Persons on Board _____	
13. Crash Location (complete lat/long or UTM)					
		Latitude _____ N	Easting _____		
		Longitude _____ W	Northing _____		
REPORTING AGENCY DETAILS			REPORTING INDIVIDUAL DETAILS		
14. Name _____			17. Name _____		
15. Address _____			18. Address _____		
16. Telephone () _____			19. Telephone () _____		
20. Description and Sketch of Debris Field and Impact Area (see page 2 for sketch grid)					
21. Extrication procedures and debris disturbed					
22. Comments					
23. ELT Data					
Serial No. _____		Switch Position <input type="checkbox"/> ON <input type="checkbox"/> OFF		Operating <input type="checkbox"/> Y <input type="checkbox"/> N	
Make _____		Battery Expiration Date _____		Turned Off <input type="checkbox"/> Y <input type="checkbox"/> N	
Model _____		Describe Damage (if any) _____			
24. Instrument Readings and Switch Positions					
Master Switch _____		Gear Switch _____		NAV2 Radio _____	
Mag Switch _____		Fuel Pump _____		COMM1 Radio _____	
Throttle Control _____		Altimeter Set _____		COMM2 Radio _____	
Mixture _____		Airspeed _____		Transponder _____	
Prop Control _____		Tachometer _____		DG _____ ADF _____	
Carburettor Heat _____		Vertical Velocity Indicator _____		DME _____ Clock _____	
Pitot Heat _____		Turn-and-Bank _____		Other _____	
Fuel Selector _____		Artificial Horison _____			
Flap Switch _____		NAV1 Radio _____			
ASRC		25. Prepared by: (FTL On Scene) _____		26. Reviewed by: (Safety Officer) _____	
CSOF 11/04					

Aircraft Number _____

Page ___ of ___



**AIRCRAFT
DEBRIS MAP**

Legend

Scale 1" = _____

Heavy lines are 1" apart