

# Safety Communiqué Form

AMD-34 / FS 5700-14

		<b>REPORTED BY: (optional)</b>	
		Name: E-Mail: Phone: Cell Phone: Pager: Organization: Organization Other: Date Submitted: mm/dd/yyyy	
<b>EVENT</b>			
Date: mm/dd/yyyy	Local Time: hhmm	Injuries: Y/N	Damage: Y/N
State:	Location: (Airport, City, Lat/Long or Fire Name)		
<b>Operational Control:</b>			
Agency:			
Region:			
Unit:			
<b>MISSION (* see look-up tables)</b>			
Type: *	Other:		
Procurement: *	Other:		
Persons Onboard:	Special Use: Y/N	Hazardous Materials: Y/N	
Departure Point:	Destination		
<b>AIRCRAFT (* see look-up tables)</b>			
Type: *	Tail #	Manufacturer: *	Model:
Owner/Operator:		Pilot:	
<b>NARRATIVE: (A brief explanation of the event)</b>			
<b>CORRECTIVE ACTION: (What was done to correct the problem)</b>			