


# Safety Communiqué Form

AMD-34 / FS 5700-14

	<b>REPORTED BY: (optional)</b>
	<b>Name:</b> <b>E-Mail:</b> <b>Phone:</b> <b>Cell Phone:</b> <b>Pager:</b> <b>Organization:</b> <b>Organization Other:</b> <b>Date Submitted: mm/dd/yyyy</b>

**EVENT**

<b>Date:</b> mm/dd/yyyy	<b>Local Time:</b> hhmm	<b>Injuries:</b> Y/N	<b>Damage:</b> Y/N
<b>State:</b>	<b>Location:</b> (Airport, City, Lat/Long or Fire Name)		

**Operational Control:**  
**Agency:**  
**Region:**  
**Unit:**

**MISSION (\* see look-up tables)**

Type: *	Other:		
Procurement: *	Other:		
Persons Onboard:	Special Use: Y/N	Hazardous Materials: Y/N	
Departure Point:	Destination		

**AIRCRAFT (\* see look-up tables)**

Type: *	Tail #	Manufacturer: *	Model:
Owner/Operator:		Pilot:	

**NARRATIVE: (A brief explanation of the event)**

**CORRECTIVE ACTION: (What was done to correct the problem)**