

Wings of Rogallo

ED LEVIN PARK ULTRALIGHT AVIATION SITE

W.O.R. ACCIDENT REPORT FORM

This form is intended to report flying or driving accidents at Ed Levin Park in accordance with the Ed Levin Site Procedures. Completed forms should be sent to the W.O.R. Site Committee (see Site Procedures for membership).

Pilots Name _____ Date of Accident _____

Pilot's Address _____ Location of Accident _____

Phone _____ Date of birth _____ W.O.R. Member? Yes No

USHGA Rating _____ Experience (years/airtime hrs) _____

STUDENT BEGINNER NOVICE INTERMEDIATE ADVANCED MASTER

Launch Signoffs _____ Sponsor Name _____

Instructor Name _____ Observer Name _____

Glider Mfg. _____ Model _____ Size _____

Harness _____ Parachute _____ Deployed _____

Helmet _____ Backup Hang Strap _____ Locking Carabiner _____

Condition of Glider/Equipment _____

Glider Damage _____

Injuries _____

Emergency medical care (Ambulance called? By whom? First aid rendered? Injured party refused treatment? If hospitalized, where? Doctor's name?) _____

Description of Flight - Takeoff, Flight path, Landing/Ground contact/Location of accident _____

Description of Accident (Include sketch or diagram, use reverse side if needed) _____

Weather/Wind Conditions _____

Apparent Cause _____

Mental condition of victim before and after accident _____

Other factors (distractions, emotional, alcohol, drugs) _____

Vehicle accident? _____

Reporter (print name) _____ Phone Number _____

Signature _____ Date _____