

## Buffalo Mountain Flyers of Talihina Incident Report

Completing this form with all information fulfills the mandatory incident reporting requirements outlined by the USHPA for all Chapters.

Note: This does not replace the mandatory requirement of completion of the USHPA Preliminary Incident Report located at <https://www.usHPA.org/page/incident-report>

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Incident: \_\_\_\_\_

Pilot Name (Full): \_\_\_\_\_

USHPA #: \_\_\_\_\_

Flying Site (Launch): \_\_\_\_\_

Wing Type	Flight Phase	Flight Type	Pilot Rating
<input type="checkbox"/> HG	<input type="checkbox"/> Launching	<input type="checkbox"/> Solo	P <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> PG	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Tandem	H <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	<input type="checkbox"/> Landing		

Property Damage: None >\$500 <\$500    Bodily Injury: None Minor Medical

Collision With: Check all that apply

No Collision   Another Pilot   Person on Ground   Aircraft   Power Line   Land Vehicle  
Terrain / Water   Trees / Bushes   Other \_\_\_\_\_

Event Type: None   Sanctioned   ACE   Other \_\_\_\_\_

Event Name: \_\_\_\_\_

Your Role in the Incident: Check all that apply

\*\*As an Event Organizer   \*\* As an Instructor of any kind  
As an Involved Pilot   None

\*\* USHPA SOPs require that all Instructors and Event Organizers provide contact information in case there are any questions about this incident.

Signature: \_\_\_\_\_

**Completely fill out the form and email to [BMF@BuffaloMountainFlyers.org](mailto:BMF@BuffaloMountainFlyers.org)**

**Write "Incident Report" in the subject line on the email.**