

VCUAS FORCED LANDING REPORT

Name of Pilot: _____ Report Date: _____

Incident Date: _____ Time: ____:____ AM/PM

Location of Incident: Pattern: Past 1 mile:

Other Location: _____

Aircraft Type: _____ Engine Type: _____

Time on Aircraft: _____ Time on Engine: _____

Reason For Forced Landing: _____

Describe Aircraft Damage If Any: _____

Describe Property Damage If Any: _____

Property Owners Name If Known: _____

Was Pilot Injured? Yes No

Did Pilot Injury Costs Exceed \$500 ? Yes No

If "Yes", describe injuries: _____

Additional Comments: _____