



# AIRCRAFT / VEHICLE INCIDENT REPORT

(This form must be filled out before close of Supervisor's/Manager's shift)

**FEGS-601**  
Revision : 0  
Date : 12-15-17

## F&E Ground Services LLC

### FLIGHT DETAILS

Station:	Date (local):	Time (local):
A/C Number:	Flight Number:	Customer Airline:
Was Flight Delayed Due To This Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Delay Time: _____ (hours) _____ (minutes)
Weather/Ramp Conditions:		
Location of Accident: <input type="checkbox"/> Ramp <input type="checkbox"/> Hangar <input type="checkbox"/> Taxiway Other:		
Was Anyone Injured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s):		
Pictures Taken?: <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?:		

### AREA OF AIRCRAFT DAMAGED (check one or more)

<input type="checkbox"/> External Fuselage	<input type="checkbox"/> Tires	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Engine
<input type="checkbox"/> Nose Cowl	<input type="checkbox"/> Wing	<input type="checkbox"/> Flap Canoe	<input type="checkbox"/> Cargo Door (which door?):
<input type="checkbox"/> Engine Cowling	<input type="checkbox"/> Flight Control	<input type="checkbox"/> PDU	<input type="checkbox"/> Seat Track
<input type="checkbox"/> Cargo Liner (specify - lower or main deck):			
<input type="checkbox"/> Other (be as detailed as possible):			

### VEHICLE INFORMATION (if applicable)

Owner:	Vehicle Operator's Name(s):		
Vehicle Type:	Vehicle(s) in Motion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Vehicle(s):	
Was accident report filled with Airport Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No (Include copies if possible)			

### EMPLOYEE(S) INVOLVED

Name:	ID #:	Name:	ID #:
Name:	ID #:	Name:	ID #:
Name:	ID #:	Name:	ID #:

### INCIDENT DETAILS

Describe What Happened In Detail:



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**INCIDENT DETAILS (continued)**

Describe Damage in Detail:

Describe Probable Cause of Incident:

Describe any Possible Contributing Factors:

**WITNESS INFORMATION**

(All witnesses are required to document their statements on attached form FECS-603. Use one form per witness)

Witness Name:	Witness Name:
Company Name:	Company Name:
Contact Phone #:	Contact Phone #:
Other Witnesses:	

**AIRLINE / CUSTOMER NOTIFICATION PROCESS**

Name of Notified Airline/Customer Personnel:	Date/Time (local):
Notified Personnel's Title:	Contact Phone #:
Notified By:	

**FECS COMPANY NOTIFICATION PROCESS**

Accountable Manager Notified: Date / Time	Notified By:
Director of Operations Notified: Date / Time	Notified By:
Safety Department Notified: Date / Time	Notified By:

Report Prepared By (Supervisor's/Manager's Name):		
Title:	Employee ID#:	Date/Time (local):