

## SAFETY INFORMATION and REPORTING SYSTEM (SIRS) MISHAP REPORT

Members who frequently update mishaps in SIRS may use this as a tool for gathering relevant data for the input. Expanded guidance may be found by clicking on "Tutorials" on the SIRS homepage. An asterisk "\*" indicates mandatory items.

### FILE NEW MISHAP - Bodily Injury

*Member's Name and CAPID	<b>*Select Member's Home Wing</b> <small>(Circle Region and select a State or Region again, as applicable, e.g. PCR-NV, PCR-PCR)</small>
*Date of Mishap (DD MMM YYYY)	Region and State Code GLR   IL   IN   KY   MI   OH   WI MER   DC   DE   MD   NC   VA   WV NCR   IA   KS   MN   MD   ND   SD NER   CT   MA   ME   NH   NJ   NY   PA   VT NHQ   000   001   007   999
*Local Mishap Time (HHMM)	PCR   AK   CA   HI   NV   OR   WA RMR   CO   ID   MT   UT   WY SER   AL   FL   GA   MS   PR   TN SWR   AR   AZ   LA   NM   OK   TX
*Location (City, State)	

<input type="checkbox"/> Ambulance Called?	<input type="checkbox"/> ER Visit?	<input type="checkbox"/> Police Called?	
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Other notification (Such as spouse, parent, guardian, fire/rescue, etc. If nothing, leave blank)

\*Did this Mishap have Substantial Damage, Serious Injury or Death as defined in CAPR 62-2?    Yes    No  
 Note: if "Yes", immediately contact the National Operations Center toll-free at 888-211-1812, Ext 300, (24 hours).

\*Brief Description of Mishap – DO NOT include names, CAPIDs, phone numbers or any other personally-identifiable information in this section; DO NOT make statements of blame or fault in this section. (2000 characters max)

## ADDITIONAL INFORMATION

ADDITIONAL INFORMATION TAB

**\*Purpose of Activity**

<input type="checkbox"/> Aerospace Education Activity	<input type="checkbox"/> Cadet Programs Activity	<input type="checkbox"/> Color Guard	<input type="checkbox"/> Communications Activity
<input type="checkbox"/> Counterdrug	<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Encampment	<input type="checkbox"/> Flight – Cadet Orientation
<input type="checkbox"/> Flight – Check Ride	<input type="checkbox"/> Flight – Maintenance	<input type="checkbox"/> Flight – Proficiency	<input type="checkbox"/> Flight – Transportation
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Inspection	<input type="checkbox"/> Mission – Actual	<input type="checkbox"/> Mission – Training
<input type="checkbox"/> National Cadet Special Activity	<input type="checkbox"/> NESAs	<input type="checkbox"/> Non-CAP activity	<input type="checkbox"/> Professional Development Activity
<input type="checkbox"/> Public Affairs Activity	<input type="checkbox"/> SAR Eval	<input type="checkbox"/> Unit Meeting	<input type="checkbox"/> Other

<b>*Photographs Taken?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Temperature</b> (Degrees in F): _____ F°
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**\*Weather Conditions at Time of Mishap** (Check all that apply)

<input type="checkbox"/> N/A	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Flooding	<input type="checkbox"/> Fog
<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Hail	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Ice	<input type="checkbox"/> Ice Crystals
<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Indoors	<input type="checkbox"/> Rain	<input type="checkbox"/> Rain Shower	<input type="checkbox"/> Sleet	<input type="checkbox"/> Snow

**\*Follow-up Narrative** (Please include updates to medical care, and other events that occurred past the initial notification, up to 2,000 characters)

  
  
  
  
  
  
  
  
  
  

**ATTACHMENTS TAB – If there will be any attachments, list and location of them**

Include important information such as:  
 Photos of aircraft, vehicles, facilities, accident scenes, damage, etc.; Photos of perishable information, such as snow and ice covering ground, imprints of tracks, scoring/scaring/scorching of the earth/area, tire marks, icing on wings/pitot tubes/spars, fuel spills, etc.; Aerial photos, Accident site diagrams, Pilot log book entries, Maintenance records, Repair quotes, invoice and payment records, Re-fuel history record, Police Reports, Statements of non-CAP members, Other important items

Item	Name	File Location

**EXTRA ROOM – Gather additional information not collected above, such as additional people, aircraft, facilities, or property.**

**INITIAL AND KEY NOTIFICATIONS**

Time	Date	Rank/Name of Person Making Initial Contact	Reported Information To	Regarding

**CAP-RELEVANT PERSONEL**

CAPID	Rank	Name (Last, First MI)
Cell Phone	Home Phone	Email

Reason for Relevance (e.g., involved, witness, possesses other information)

CAPID	Rank	Name (L, F MI)	
Cell Phone		Home Phone	Email
Reason for Relevance (e.g., involved, witness, possesses other information)			

CAPID	Rank	Name (L, F MI)	
Cell Phone		Home Phone	Email
Reason for Relevance (e.g., involved, witness, possesses other information)			

**NON-CAP RELEVANT PERSONEL**

Rank	Name (L, F MI)	Title(Policeman, Fireman, Airport Manager, NTSB Investigator, Ambulance Driver, etc.)	
Cell Phone		Work/Home Phone	Email
Report Number	Reason for Relevance		

Rank	Name (L, F MI)	Title(Policeman, Fireman, Airport Manager, NTSB Investigator, Ambulance Driver, etc.)	
Cell Phone		Work/Home Phone	Email
Report Number	Reason for Relevance		

Rank	Name (L, F MI)	Title(Policeman, Fireman, Airport Manager, NTSB Investigator, Ambulance Driver, etc.)	
Cell Phone		Work/Home Phone	Email
Report Number	Reason for Relevance		

Aircraft Vehicle Facility Property	N#, Lic. Plate#, Address, or CAP Tag ID#	State	Damage

**NOTES**

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