

Information Collection Worksheet	
<p>Who: List of CAP members and CAPIDs and names of non-members involved in the mishap, including persons affected, any injuries sustained, illnesses experienced, witnesses, pilot and all individuals onboard an aircraft, or driver and all passengers in a vehicle.</p>	<p>Name:</p> <p>CAPID:</p> <p>Name:</p> <p>CAPID:</p> <p>Name:</p> <p>CAPID:</p>
<p>What: Brief synopsis of what occurred, equipment involved, damage sustained, vehicle ID, aircraft tail number, and region, wing, or NHQ directorate responsible for the equipment. Confirm whether operation was a CAP Air Force Assigned Mission or Corporate Mission (mission number and/or mission symbol), if applicable</p>	<p>Synopsis:</p> <p>Type (aircraft, vehicle, etc.):</p> <p>Registration/ID:</p> <p>Wing:</p> <p><input type="checkbox"/> Air Force Mission <input type="checkbox"/> Corporate Mission</p> <p>Mission/Sortie#:</p>
<p>When: Date, approximate local time, and time zone in which the event occurred.</p>	<p>Date:</p> <p>Local time:</p> <p>Time zone:</p>
<p>Where: Where did the mishap occur? Airport identifier or cardinal direction and distance from nearest airport, intersection/highway and town/city, or physical addresses. Provide the specific name of the CSA, NCSA, NFA, or Encampment.</p>	<p>City:</p> <p>State:</p> <p>Airport:</p> <p>Other:</p> <p>Activity:</p>
<p>Local or national media attention (if known)</p>	
<p>A brief synopsis of any significant mission impact to the CAP Region/Wing or operational mission</p>	