OPERATOR ACCIDENT REPORT

OPERATOR INFORMATION

First Name		Last Name		
C-Astral License No.		Employer		
Training Location		Total Flight Experience	**h**	

AIRCRAFT INFORMATION

Model		Type		
Aircraft Serial No.		Date of Manufacture		
Agent No.		Total UAS Flight Time	**h**	Nb. of flights

GENERAL INFORMATION
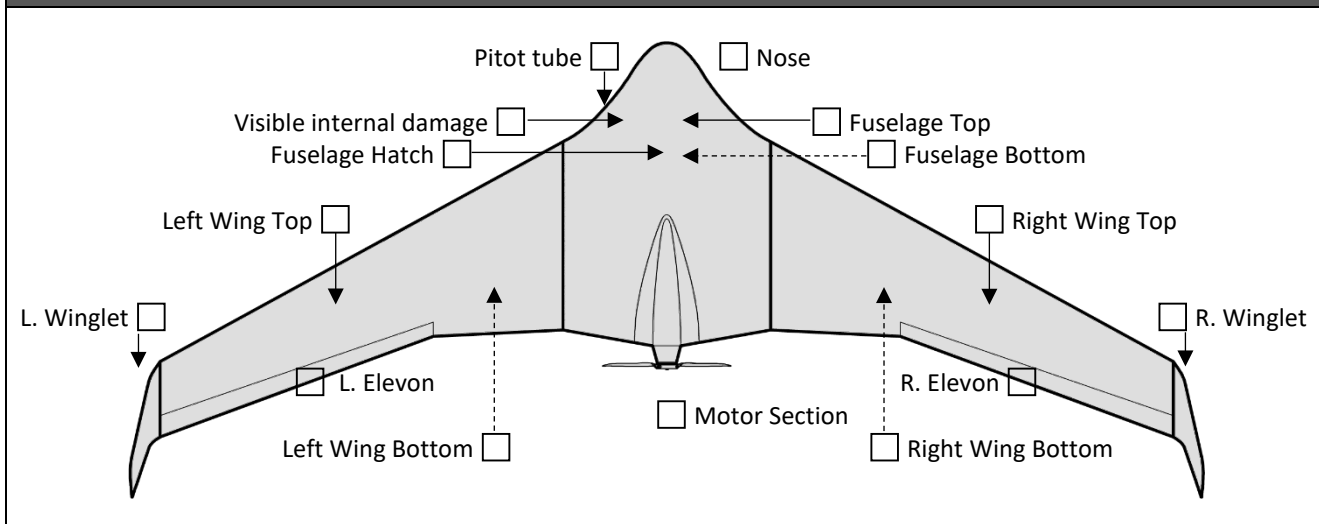
Place of Accident		Date of Accident		
Country of Accident		Time of Accident		
Persons Injured	**Yes**　　**No**	Property Damaged	**Yes**　　**No**	

WEATHER & LOCATION INFORMATION

Take-off point MSL	**m**	Precipitation		
Total Flight Duration		Temperature	**°C**　　　**°F**	
Parachute Deployed	**Yes**　　**No**	Wind Conditions		

DAMAGED SECTIONS

Pitot tube ☐　☐ Nose

Visible internal damage ☐　☐ Fuselage Top

Fuselage Hatch ☐　☐ Fuselage Bottom

Left Wing Top ☐　☐ Right Wing Top

L. Winglet ☐　☐ R. Winglet

☐ L. Elevon　　R. Elevon ☐

☐ Motor Section

Left Wing Bottom ☐　☐ Right Wing Bottom

EVENT DESCRIPTION

Attach photos

Telemetry Files
Please attach accident telemetry file (compressed in zip format) and one previous flight before the event.

1. *Attach Accident Telemetry*
2. *Attach One Telemetry before the accident*

Date	Place	Signature
		Digital or Scanned (use one)

email to support@c-astral.com

* Telemetry files are located in Windows folder: %Appdata%/C-Astral/log (type this on the GCS computer/tablet in the File Explorer. Send the last two .csv files to our support email)

** In case specifically required send also the last file .db3 from the same folder