UNITED STATES HANG GLIDING ASSOCIATION

HANG GLIDING ACCIDENT REPORT FORM

Pilot's Name_____ Date of Accident_____ Time_____

Pilot's Address_____ Site of Accident_____

_____ Nearest Town_____

Phone (____)_____ Age____ Sex____ Weight____ LZ Altitude_____ USHGA Member ☐ Yes ☐ No

Rating_____ Experience of Pilot-Flights_____ Hours_____ Years_____

Glider Make_____ Model_____ Size_____ Harness_____

☐ Free Fly ☐ Tow ☐ Tandem ☐ Helmet Worn ☐ Parachute Worn ☐ Attempt to Deploy

METHOD OF LAUNCH:

☐ Foot Launch
☐ Platform Launch
☐ Foot Launched Tow
☐ Platform Launched Tow

TOWLINE TENSION CONTROL DEVICE:

☐ Static Line
☐ Pay Out Winch
☐ Stationary Winch

INJURIES:

☐ Head	☐ Shoulder	☐ Pelvis
☐ Face	☐ Arm	☐ Thigh
☐ Neck	☐ Elbow	☐ Knee
☐ Chest	☐ Forearm	☐ Calf
☐ Back	☐ Wrist	☐ Ankle
☐ Abdomen	☐ Hand	☐ Foot

HOSPITALIZED OVERNIGHT? ☐ Yes ☐ No

WAS EQUIPMENT OPERATING PROPERLY? ☐ Yes ☐ No **FATAL?** ☐ Yes ☐ No

Describe flight, accident/incident, apparent causes, include preflight, wind and weather, distractions/emotional factors, drug/alcohol. Please give your opinion of cause and suggestions for prevention, include sketch or diagram. Use additional paper if necessary.

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Please Mail to:

UNITED STATES HANG GLIDING ASSOCIATION, INC.
PO Box 1330
Colorado Springs CO 80901-1330
Phone (719) 632-8300
Fax (719) 632-6417

Reporter_____

Address_____

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Phone_____

(09/93)