

SSO Information Collection Worksheet	
<p>Who: List of CAP members and CAPIDs involved in the mishap, including persons affected, 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: What equipment, if any, was involved, including vehicle ID, aircraft tail number, and which wing is responsible for the equipment.</p>	<p>Type (aircraft, vehicle, etc.):</p> <p>Registration/ID:</p> <p>Wing:</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.</p>	<p>City:</p> <p>State:</p> <p>Airport:</p> <p>Other:</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>Why: Confirm whether operation was a CAP Air Force Assigned Mission or Corporate Mission (Mission number and/or mission symbol), if applicable. Also, provide the specific name of the CSA, NCSA, NFA, or Encampment.</p>	<p><input type="checkbox"/> Air Force Mission</p> <p><input type="checkbox"/> Corporate Mission</p> <p>Mission #:</p> <p>Sortie #:</p> <p>Activity:</p>
<p>How: A brief narrative in sentence case of what happened. Please include any known damage or injuries, if applicable.</p>	<p>What happened?</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>	