

**DO NOT ENTER PERSONALLY IDENTIFIABLE INFORMATION (PII) ON THIS FORM**



Naval Safety Command  
Data Request Form (Non-Aviation)  
Phone: (757) 444-3520 ext. 7851 (DSN 564)  
Email:  
NAVSAFECOM\_REQ\_FOR\_INFO@NAVY.MIL



**Date of Request:**

**Requester Information**

Name:  
Organization:  
Email Address:  
Phone Number:  
DSN Phone Number:

**Mishap Information:**

US Navy                      US Marine Corps  
On-Duty                      Off-Duty  
Class: (Select all that apply)  
A    B    C    D    E    Incident    Hazard

Query Period for Data Retrieval  
(Default is current FY plus 3 previous FYs)

Type of Request                      One-Time Request                      Recurring Request

**Specific Detail of Request:**

(Please provide a detailed description of the data being requested, including dates. If the request is for specific organizations, please provide a list of UICs.)

**Retrieval Timeline:**

Urgent                      (24-48 hours)  
Priority                      (48 hours - 1 week)  
Routine                      (within 2 weeks)

(Please provide additional detail to support timeline requested.)

**Information Purpose:**

Mishap Investigation  
Hazard Report  
Sqdn/Unit Training (incl Safety Standdown)  
R & D  
Other: (Please explain below)