

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

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

**Date of Request:**

**Requester Information**

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

**Mishap Information:**

U.S. Navy                      U.S. Marine Corps  
On-Duty                        Off-Duty

**Class:** (select all that apply)

A    B    C    D    E    Incident    Hazard

Flight    Flight-related    Ground

**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** (select all that apply):

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