



**SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE  
PRIVACY ACT**

**THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT INVESTIGATION REPORT  
THIS FORM CONTAINS ONLY NON-PRIVILEGED INFORMATION AND SHOULD BE PLACED IN  
PART A OF THE MISHAP REPORT  
DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION REPORT**

COMPLETE THIS PAGE FOR EACH PERSON USING NVDS.

- 3. NVD DATA: Pilot \_\_\_\_\_ Copilot \_\_\_\_\_ Crewchief \_\_\_\_\_ Other Crew \_\_\_\_\_ Other \_\_\_\_\_
  - A. TYPE NVD: AN/AVS-6 Cat's Eye \_\_\_\_\_ AN/AVS-7 \_\_\_\_\_ Other \_\_\_\_\_
- AN/AVS-9
- 4. NVD TRAINING: Pilot \_\_\_\_\_ Copilot \_\_\_\_\_ Crew Chief \_\_\_\_\_ Other \_\_\_\_\_
  - A. INITIAL QUALIFICATION DATE/LOCATION: \_\_\_\_\_
  - B. NVD HOURS: 30 days \_\_\_\_\_ 60 days \_\_\_\_\_ 90 days \_\_\_\_\_
  - C. LAST NVD FLIGHT: > 6 Mths. \_\_\_\_\_ > 3 Mths. \_\_\_\_\_ > 30 Days \_\_\_\_\_ > 7 Days \_\_\_\_\_
  - D. TOTAL NVD HOURS: \_\_\_\_\_
  - E. TOTAL NIGHT NVD HRS: \_\_\_\_\_
- 5. ADDITIONAL REMARKS:

Instructions

Submission criteria: Submit this form, Sections 3 and 4, for each mishap aircrew member who wore a night vision device (NVD).

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____