

Requirements for operation are listed below and must be observed. A copy of this approval must be in the possession of the Operator at all times during UAS operation and must be presented to any official or representative with jurisdiction over the activity upon request. If not approved, a summary of the decision is outlined below.

**UNMANNED AIRCRAFT SYSTEM (UAS) POST-FLIGHT REPORT**

Please complete this form and return it to the *[Thruway Authority]* within 72 hours of the UAS operation or immediately if reporting an Accident or Adverse Event.

**Section 1: Operator Information**

Name:	
Address:	
Email:	
Phone:	
Pilot License#:	

\*If operating under the authority of a Remote Pilot in Command (RPIC), indicate the RPIC name and License# in this box.

**Section 2: Flight Details**

Date:	
Time:	
Location:	
Altitude:	
Flying over people?	If yes, attach copy of FAA waiver.
Operating under Certificate of Waiver or Authorization (COA)/333/ Part 107	If yes, please attach a copy.

Was there any deviation from the original UAS request (date, duration, location, etc.)?

- No
- Yes (describe)

### Section 3: Accidents or Adverse Events

Please indicate if any of the following occurred:

Equipment Malfunctions:	Lost Link Events:	Other Accident/Mishap:
<input type="checkbox"/> On-Board Flight Controls <input type="checkbox"/> Navigation System <input type="checkbox"/> Powerplant failure in flight <input type="checkbox"/> Fuel System failure <input type="checkbox"/> Electrical System failure <input type="checkbox"/> Control station failure <input type="checkbox"/> In-flight fire <input type="checkbox"/> Aircraft collision involving another aircraft <input type="checkbox"/> Deviation from COA <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Lost link of operator control <input type="checkbox"/> Lost link of ground telemetry <input type="checkbox"/> Lost link of payload telemetry <input type="checkbox"/> Fly-away resulting in flight termination <input type="checkbox"/> Execution of preplanned lost link procedure <input type="checkbox"/> Execution of unplanned lost link procedure <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<input type="checkbox"/> Bird Attack/Interference <input type="checkbox"/> Damage to property other than UAS <input type="checkbox"/> Substantial damage to UAS <input type="checkbox"/> Total loss of UAS <input type="checkbox"/> Serious injury <input type="checkbox"/> Fatal injury <input type="checkbox"/> Other: _____ <input type="checkbox"/> None

**Section 4: Operator's Signature**

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**Section 8: Receipt**

Received By:	
Date:	

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