

Insert this form in the ATJ for each action/incident.

TYPE ACTION

UNSATISFACTORY

Flight

Academic

Synthetic

Flight Support

DELINQUENCY

Flight Violation (F.A.R.)

Flight Violation (Local)

ACCIDENT (Refer to OPNAVINST 3750.6)

INCIDENT (Refer to OPNAVINST 3750.6)

BRIEF SUMMARY

ACTION TAKEN

Awarded _____ of extra instruction/supervised study

Referred to Student Progress Disposition Board

Awarded reexamination in _____

Awarded _____ Demerits and _____ Extra Duty

Awarded _____ extra time flights

Referred to _____ Investigation

Awarded recheck of _____

Captain's Mast

Awarded _____ extra time synthetic flights

Recommended separate from training

COMMENTS

SIGNATURE (Appropriate Authority)

RANK/TITLE

DATE

ACCIDENT/INCIDENT

CURRICULUM FLIGHT NO.

AIRCRAFT MODEL

BUNO

AIRCRAFT DAMAGE CODE

INJURY CLASS CODE

STUDENT REVIEW

SIGNATURE (Student)

DATE

RANK

SSN

(I have reviewed my jacket this date)

STUDENT'S NAME (Last, First, Middle Initial)

TRARON

PHASE

UNSATISFACTORY/DELINQUENCY/INCIDENT (ATJ)