



NTSB Investigative Update Request

INSTRUCTIONS: Please enter the requested information below and return the completed form using one of the submission options listed on the reverse page.

REQUESTER'S LAST NAME:

REQUESTER'S FIRST NAME:

TITLE (Check box): **MR.** **MRS.** **MS.** **DR.** **OTHER:**

HOME PHONE NUMBER (please include area code):

CELLULAR PHONE NUMBER (please include area code):

ALTERNATE PHONE NUMBER (please include area code):

EMAIL ADDRESS:

MAILING ADDRESS: **STREET ADDRESS:** **APARTMENT/UNIT:**
CITY: **STATE:** **ZIP CODE:**
COUNTRY (if international):

VICTIM'S FIRST AND LAST NAME:

RELATIONSHIP TO VICTIM: **I am the victim's:**

COMMENTS OR OTHER INSTRUCTIONS

Privacy Act Statement

This form is covered by the Privacy Act of 1974. Its principal purpose is to obtain contact information so that the Transportation Disaster Assistance staff may update family members and friends of those persons who have been involved in transportation accidents, as well as the survivors of those accidents, as to the status of the investigation.

Authority: 49 USC 1136(e); 1139(b).

Providing information in this form is voluntary, but failure to do so may hamper the National Transportation Safety Board's ability to provide updates to you regarding the accident investigation.

Submitting a Completed NTSB Investigative Update Request Form

From the options listed below, please choose one that is most convenient for you to submit your completed form:

Email:

Attach the completed form and email to: assistance@ntsb.gov

(If you are unable to save the completed form to your computer, please print. A scanned copy can be submitted by email.)

Fax:

Print the completed form and fax to: (202) 314-6638

Mail:

Print the completed form and mail to:

National Transportation Safety Board
Transportation Disaster Assistance Division
490 L'Enfant Plaza East SW
Washington DC 20594