

# AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

FROM (Office of origin):

TO:

DATE (UTC):

TIME (UTC):

IND ATCT

RDC

12-2-12

2330

CODE

(First words of text) AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 1

**A**

1. INFORMATION FROM:

IND ATCT

**B**

1. REGISTRATION NO:

N92315

2. MAKE AND MODEL:

PIPER MALIBU

3. OPERATOR OF AIRCRAFT:

DONALD P. HORAN

4. TYPE OF ACTIVITY (Air taxi, instruction, pleasure, aerial appl., business, executive, sightseeing, etc.) IF KNOWN:

UNKNOWN

5. BRIEF DESCRIPTION OF CIRCUMSTANCES SURROUNDING OCCURRENCE:

AIRCRAFT CHECKED ONTO IND APPROACH CLEARED DIRECT "PULIC" FOR THE GPS 36 APPROACH TO I34. ALTITUDE 7000, IND CLEARED N92315 FOR THE APPROACH. N92315 INDICATED THEY HAD THE WEATHER. N92315 WAS SWITCHED TO ADVISORY FREQUENCY. NO OTHER COMM.

6. WEATHER DATA:

BAK (NEARBY AIRPORT) OVC 203 1/2 14/14 3009 2007

7. AIRCRAFT DAMAGE: A  DESTROYED B  SUBSTANTIAL C  MINOR D  FIRE E  NONE

**C**

OCCUPANTS - INDICATE INJURIES: FATAL, SERIOUS, MINOR, NONE

1. NAME AND ADDRESS OF PILOT/INJURY:

[REDACTED]

2. NAMES OF CREW/INJURIES:

1 FATAL

3. NO. OF PASSENGERS/INJURIES:

3 FATAL

**D**

1. LOCATION OF OCCURRENCE (Nearest city, town, and state) (Give route if overdue or missing):

1.5 NM SOUTH OF I34 AIRPORT

**E**

1. UTC DATE AND UTC TIME OF OCCURRENCE:

12-2-12 2310Z

**F**

1. INFORMATION ON COVERAGE OF OCCURRENCE BY FAA, NTSB, OTHER:

IND TRACON

**G**

FAA AIR TRAFFIC SERVICES SUMMARY OF FLIGHT HANDLING

1A. LAST DEPARTURE POINT:

UNKNOWN

1B. UTC DATE AND UTC TIME:

UNKNOWN

1C. INTENDED DESTINATION:

I34

2. LAST RADIO CONTACT/POSITION AND/OR RADAR POSITION:

2310Z - IND - DEPARTURE EAST

3. LAST ATC CONTROL CLEARANCE:

GPS 36 APPROACH TO I34

4. FLIGHT PLAN:

A  IFR B  VFR C  NONE D  UNKNOWN

5. PILOT BRIEFING:

A  YES B  NO C  UNKNOWN

6. OTHER:

RECEIVED AT:

DELIVERED TO:

TIME:

RECEIVED VIA:

A  IN PERSON B  RADIO C  TELEPHONE

RECEIVED BY (Signature and Title):

NOTE: Part 2

A  ON OTHER SIDE B  ON SEPARATE FORM C  NOT REQUIRED

## AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

FROM (Office of origin): <span style="font-size: 1.2em; font-family: cursive;">IND ATCT</span>	TO: <span style="font-size: 1.2em; font-family: cursive;">ROC</span>	DATE (UTC): <span style="font-size: 1.2em; font-family: cursive;">12-2-12</span>	TIME (UTC): <span style="font-size: 1.2em; font-family: cursive;">2310</span>
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CODE	(First words of text) <b>AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 2</b>		
H	1. REGISTRATION NO: <span style="font-size: 1.2em; font-family: cursive;">N92315</span>	2. MAKE AND MODEL: <span style="font-size: 1.2em; font-family: cursive;">PIPER MALIBU</span>	3. UTC DATE OF ACCIDENT/INCIDENT: <span style="font-size: 1.2em; font-family: cursive;">12-2-12</span>

I	STATUS OF POTENTIALLY INVOLVED AIRWAY FACILITIES (CHECK [✓] MARK STATUS AS INDICATED BY MONITOR OR REPORTED BY A.F. TECHNICIAN)												
	1. FACILITY TYPE:	2. LOCATION RUNWAY IDENTIFIER:	3. JUST PRIOR TO OCCURRENCE:		4. AT TIME OF OCCURRENCE:		5. FLIGHT INSPECTION:						
			A NORMAL	B ABNORMAL OR OUT OF SERVICE	A NORMAL	B ABNORMAL OR OUT OF SERVICE	CON- DUCTED		SATIS- FACTORY				
						A YES	B NO	C YES	D NO				
	NA		✓			✓							

6. REMARKS (Explain briefly any entry above that is check marked as abnormal, or out of service):

J STATUS REPORT RECEIVED FROM PILOTS OR OTHERS				
List below any facilities reported by pilots or other persons as either operating normally, abnormally, or out of service just prior to, at the time of, or immediately following the time of the accident.				
1. FACILITY TYPE:	2. LOCATION/RUNWAY IDENTIFIER:	3. IDENTIFICATION NO. OF AIRCRAFT AND NAME OF PERSON FROM WHOM REPORT WAS RECEIVED:	4. STATUS REPORT (Normal, abnormal, out of service, etc.):	5. TIME OBSERVATION (UTC):
NA				

6. REMARKS (Briefly describe the nature of any reported abnormally, reason for being out of service, etc.):

RECEIVED AT:	DELIVERED TO:	TIME:
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RECEIVED VIA: A <input type="checkbox"/> IN PERSON    B <input type="checkbox"/> RADIO    C <input type="checkbox"/> TELEPHONE	RECEIVED BY (Signature and Title):
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NOTE: Part 1

A  ON OTHER SIDE    B  ON SEPARATE FORM