

<b>FAA ACCIDENT / INCIDENT REPORT</b>				2. <b>AMENDED DATE</b> MO <input type="text"/> DA <input type="text"/> YR <input type="text"/>					
				14. <b>FAR PART NUMBER</b>		15A. <b>TYPE OF AIRCRAFT</b>			
1. <b>ACCIDENT</b> <input checked="" type="checkbox"/> <b>INCIDENT</b> <input type="checkbox"/>		91		<input checked="" type="checkbox"/> AIRPLANE		BLIMP/AIRSHIP		ULTRALIGHT	
3. <b>DATE OF EVENT</b> MO <input type="text"/> DA <input type="text"/> YR <input type="text"/>		91 SUBPART K (FRACTIONAL)		<input type="checkbox"/> HELICOPTER		<input type="checkbox"/> GYROPLANE		<input type="checkbox"/> LIGHT SPORT	
		103		<input type="checkbox"/> GLIDER		<input type="checkbox"/> HOMEBUILT/AMATEUR		<input type="checkbox"/> UAS	
		105		<input type="checkbox"/> BALLOON		<input type="checkbox"/> EXPERIMENTAL			
		121		<input type="checkbox"/> OTHER					
		125							
4. <b>FAA OFFICE</b> REGION <input type="text"/> OFFICE NUMBER <input type="text"/>		129		15B. <b>AIRWORTHINESS</b>		NONE			
5. <b>NTSB ID</b> <input type="text"/>		133		<input type="checkbox"/> STANDARD		<input type="checkbox"/> PROVISIONAL			
		135 ON DEMAND		<input checked="" type="checkbox"/> RESTRICTED		<input type="checkbox"/> PRIMARY		<input type="checkbox"/> LIMITED	
6. <b>LOCATION: CITY/STATE/ZIP</b> CASTROVILLE TX		135 COMMUTER		<input type="checkbox"/> SPECIAL LIGHT SPORT AIRCRAFT					
7. <b>OPERATOR NAME</b> LINDERMAN, RUSTY <input type="text"/>		<input checked="" type="checkbox"/> 137		<input type="checkbox"/> EXPERIMENTAL (SELECT CERTIFICATE PURPOSE BELOW)					
8. <b>AIRPORT</b> (IF APPLICABLE) 3-OR 4- LETTER ID <input type="text"/>		OTHER							
9. <b>LOCAL TIME</b> 24- HOUR CLOCK <input type="text"/>		16. <b>POWER PLANT MAKE/MODEL SERIES</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		*See Appendix*		RESEARCH AND DEVELOPMENT		SHOWING COMPLIANCE WITH REGULATIONS	
10A. <b>LATITUDE</b> 10B. <b>LONGITUDE</b>		17. <b>PROPELLER MAKE/MODEL SERIES</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				CREW TRAINING		EXHIBITION	
11. <b>AIRCRAFT DAMAGE</b> <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> DESTROYED		18. <b>BIOHAZARD AREA</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				AIR RACING		MARKET SURVEY	
12. <b>COLLISION - BETWEEN TWO AIRCRAFT</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> AIR <input type="checkbox"/> GROUND		19. <b>TYPE OF LANDING GEAR</b>				OPERATING AMATEUR BUILT AIRCRAFT		OPERATING PRIMARY KIT BUILT AIRCRAFT	
13. <b>AIRCRAFT</b> REGISTRATION NUMBER SECOND AIRCRAFT		<input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> SKIS				OPERATING LIGHT SPORT AIRCRAFT			
REGISTRATION N4530L		<input type="checkbox"/> TRICYCLE <input type="checkbox"/> AMPHIBIOUS FLOATS							
YEAR OF MANUFACTURE 1990		<input type="checkbox"/> FLOATS <input type="checkbox"/> SKIDS							
MAKE/MODEL *See Appendix*		20. <b>INJURY/ON-BOARD SUMMARY</b> UNKNOWN <input type="checkbox"/>							
SERIAL NO. 401-0761		TOTAL							
		UNINJURED		1				1	
		MINOR							
		SERIOUS							
		FATAL							
		TOTAL		1				1	
21. <b>FACTORS - IDENTIFY PRIMARY FACTOR AS A. IDENTIFY SECONDARY FACTORS, IF ANY, AS X. CHECKING OF FACTORS IS THE OPINION OF THE INVESTIGATOR/INSPECTOR BASED ON THE INVESTIGATION.</b>						22. <b>TYPE OF OPERATIONS</b>			
21A. <b>TECHNICAL FACTORS</b> <input type="checkbox"/> NONE			21B. <b>OPERATIONAL FACTORS</b> <input type="checkbox"/> NONE						
GEAR COLLAPSE <input checked="" type="checkbox"/>			FUEL DEPLETION			UNKNOWN			
GEAR UP LANDING			PILOT INDUCED ERROR			PERSONAL			
FIRE OR EXPLOSION			GROUND CREW ERROR			CARGO			
FUEL CONTAMINATION			OTHER THAN PILOT			INSTRUCTION			
BLADE/ROTOR FAILURE			PARACHUTE INCIDENT			BUSINESS			
DESIGN OF AIRCRAFT			OVER GROSS WEIGHT			CORPORATE			
METAL FATIGUE			CG OUT OF LIMITS			FERRY			
IMPROPER MAINTENANCE			STRUCK ANIMAL			AERIAL APPLICATION			
IMPROPER INSTALLATION			BIRD STRIKE			AERIAL OBSERVATION			
AD NON-COMPLIANCE			PAX DISTURBANCE			AMBULANCE / AIR EVAC			
DECOMPRESSION			STOLEN AIRCRAFT			FIREFIGHTING			
FIRE AFTER LANDING			HIJACK AIRCRAFT			BANNER TOW			
SYSTEM FAILURE						AIR SHOW			
RADIO/COMMUNICATION						SIGHTSEEING			
21F. <b>JASC CODE</b> 8300						SKYDIVING / PARACHUTE			
21C. <b>PART NAME</b> *See Appendix*			21D. <b>MANUFACTURER</b> GARRETT			AIR TOUR			
			21E. <b>PART NUMBER</b> 3103585-1			PUBLIC USE			
						COMMERCIAL			
23. <b>WX. BRIEFING SOURCE</b>			24. <b>PRECIPITATION</b>			26. <b>PHASE OF FLIGHT</b> UNKNOWN <input type="checkbox"/>			
<input checked="" type="checkbox"/> NOT APPLICABLE/NOT AVAILABLE			<input checked="" type="checkbox"/> NOT APPLICABLE/NOT AVAILABLE			GROUND <input checked="" type="checkbox"/>			
NATIONAL WEATHER SERVICE			RAIN			CRUISE			
FLIGHT SERVICE STATION			HAIL			MANEUVER			
COMMERCIAL WX. SERVICE			SLEET			DESCENT			
PATWAS			SNOW			TAKEOFF			
COMPANY			FREEZING DRIZZLE			LANDING			
MILITARY			FREEZING RAIN			CLIMB			
PIREP			DRIZZLE			DEPARTURE ROLL			
OTHER			OTHER			APPROACH			
						ROTATION			
						TOUCHDOWN			
						CLIMB OUT			
						ROLLOUT			
25. <b>WEATHER FACTORS</b>						27. <b>ACTUAL WEATHER</b>			
<input checked="" type="checkbox"/> NONE / NOT APPLICABLE						IMC <input type="checkbox"/> VMC <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>			
HAZE						28. <b>RUNWAY CONDITIONS</b> TIME REPORTED			
DUST						NOT APPLICABLE <input checked="" type="checkbox"/>			
SMOKE						<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SLUSH <input type="checkbox"/> SNOW (WET) <input type="checkbox"/> SNOW (DRY)			
FOG						<input type="checkbox"/> ICE (COVERED) <input type="checkbox"/> ICE (PATCHES) <input type="checkbox"/> STANDING WATER			
BLOWING DUST						<input type="checkbox"/> OTHER			
BLOWING SMOKE									
ICING CONDITIONS									
GUSTY WINDS									

29. **PILOT TRAINING** (CHECK ALL THAT APPLY, RECORD THE TWO MOST RECENT TRAINING EVENTS, IF APPLICABLE/AVAILABLE)  ALL UNKNOWN

	YES	NO	UNK	(MO/DA/YR)	(MO/DA/YR)		YES	NO	UNK	(MO/DA/YR)	(MO/DA/YR)
SAFETY SEMINAR/CLINIC		<input checked="" type="checkbox"/>				AIR CARRIER TRANSITION		<input checked="" type="checkbox"/>			
WINGS PROGRAM		<input checked="" type="checkbox"/>				SIMULATOR		<input checked="" type="checkbox"/>			
AIR CARRIER INITIAL		<input checked="" type="checkbox"/>				COMM/THIRD PARTY (CONTRACT TRAINING)		<input checked="" type="checkbox"/>			
AIR CARRIER RECURRENT		<input checked="" type="checkbox"/>				OTHER		<input checked="" type="checkbox"/>			
AIR CARRIER RE-QUALIFICATION		<input checked="" type="checkbox"/>									

30. **EVACUATION OVERVIEW** (AIR CARRIER ONLY) EVACUATION INITIATED  YES  NO EVACUATION INJURIES  YES  NO

31. **PILOT INFORMATION** NOT APPLICABLE  **CERTIFICATE TYPE** **SECOND PILOT**

NAME	BRIAN S JOHNSON	RECREATIONAL	
DATE OF BIRTH	[REDACTED]	STUDENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DATE HIRED (AIR CARRIER ONLY)	[REDACTED]	PRIVATE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DOMICILE ZIP CODE	7 8 6 4 8	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOURS IN MAKE AND MODEL	1 2 5 0	FLIGHT INST.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOURS IN LAST 90 DAYS	3 6 5	ATP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOURS IN LAST YEAR	6 7 5	FOREIGN PILOT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TOTAL HOURS	3 0 0 4	SPORT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CERTIFICATE NO.	[REDACTED]	NON-PILOT	
REGULATORY CHECK RIDE	0 2 1 3 0 9	OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

32. CORRECTIVE ACTION(S) PLANNED OR INITIATED NONE  44709 RE-EXAM  SDR  COUNSELING  EIR   
MALFUNCTION OR DEFECT REPORT  OTHER

33. **NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY)**  
(ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT)

DURING AERIAL APPLICATION THE ENGINE LOST POWER. PILOT LANDED AIRCRAFT ON ADJACENT FIELD AND STRUCK SOME TREES CAUSING MAJOR DAMAGE TO THE WINGS. NO OTHER DAMAGE TO PERSONS OR PROPERTY ON THE GROUND. TORQUE SENSOR BEARING FAILED CAUSING FUEL STARVATION TO THE ENGINE. M OR D REPORT IS BEING SUBMITTED BY MECHANIC.

**CONDUCT OF INVESTIGATION**

34. NTSB PARTICIPATION ON-SCENE  LIMITED  NONE  35. FAA PARTICIPATION ON-SCENE  NOT ON-SCENE  SCENE NOT ACCESSIBLE

36. <b>FAA INITIAL NOTIFICATION</b> DATE AND LOCAL TIME 0 8 2 6 1 0 MO DA YR 1 3 0 0 24 - HOUR CLOCK	37. <b>FSDO NOTIFICATION</b> DATE AND LOCAL TIME 0 8 2 6 1 0 MO DA YR 1 3 0 0 24 - HOUR CLOCK	38. <b>FAA IIC ARRIVAL ON SCENE</b> DATE AND LOCAL TIME [REDACTED] MO DA YR [REDACTED] 24-HR CLOCK
39. [REDACTED] 1 6 FAA HOURS USED FOR TOTAL INVESTIGATION	40. [REDACTED] TOTAL HOURS USED AT ACCIDENT SCENE	41. [REDACTED] TOTAL TRAVEL HOURS TO & FROM SCENE

42. **FAA NINE RESPONSIBILITIES**  
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATORS OPINION BASED ON HIS/HER INVESTIGATION

1. FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4. AIRMAN/AIR AGENCY COMPETENCE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. SECURITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. AIRWORTHINESS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	9. FAR VIOLATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

43. **BRIEF EXPLANATION OF ISSUES INVOLVED**  
ENGINE LOST POWER DUE TO A BROKEN BEARING IN THE TORQUE SENSOR.

[REDACTED]

44. **FAA IIC NAME** JESUS M CAVAZOS **DATE** 08/27/2010 **REGION** SW **DISTRICT OFFICE** 17

**13. AIRCRAFT MAKE/MODEL**

AIR TRACTOR INC

AT-401

**16. POWER PLANT MAKE/MODEL/SERIES**

GARRETT TPE331 201A

**21C. PART NAME**

TORQUE SENSOR GEAR ASSY

## INSTRUCTIONS FOR FAA FORM 8020-23 ACCIDENT/INCIDENT REPORT

- 1. OCCURRENCE INFORMATION:**

FAA FORM 8020-23 IS TO BE COMPLETED FOR EACH ACCIDENT AND INCIDENT AND FORWARDED TO THE RESPONSIBLE REGIONAL FLIGHT STANDARDS DIVISION WITHIN 30 DAYS. THE REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORT ONLY TO AAI-220 WITHIN 15 DAYS OF RECEIPT OF ORIGINAL.
- 2. AMENDED DATE:**

INSERT AMENDED DATE FOR AMENDED REPORTS, FILL IN ITEMS 1, 2, 3, 5, AND 13, REGISTRATION NUMBER ONLY, AND NEW OR CHANGED INFORMATION PERTAINING TO ACCIDENT INVESTIGATION.
- 3. DATE OF THE OCCURRENCE:**

COMPLETE THE EVENT DATE (MONTH/DAY/YEAR) IN FORMAT MMDDYY.
- 4. FAA (INVESTIGATING OFFICE):**

THE FIRST TWO BLOCKS ARE THE REGION ID. THE SECOND TWO BLOCKS ARE THE NUMERICAL ID OF THE FSDO (E.G., EA 21).
- 5. NTSB ID:**

INSERT NTSB REPORT NUMBER FOR ACCIDENTS AND INCIDENTS. THE NUMBER IS SUPPLIED BY THE NTSB OFFICE WITH JURISDICTIONAL RESPONSIBILITY.
- 6. LOCATION :**

CITY: NEAREST CITY OR TOWN TO THE OCCURRENCE.  
STATE: 2 LETTER IDENTIFIER OF THE STATE OR TERRITORY CODE.  
ZIP CODE: ZIP CODE OF NEAREST CITY OR TOWN LOCATION.
- 7. OPERATOR:**

PROVIDE THE NAME OF THE OPERATOR THAT HAS OPERATIONAL CONTROL OF THE AIRCRAFT INVOLVED IN THE EVENT. THE 4-LETTER DESIGNATOR IS FROM OPSS/SPAS/VIS.
- 8. AIRPORT:**

PROVIDE THE AIRPORT NAME AND 4-LETTER ID IF OCCURRENCE TOOK PLACE ON AN AIRPORT. USE AIRPORT DESIGNATOR IAW FAA 7350.7B.
- 9. TIME:**

PROVIDE THE TIME OF THE OCCURRENCE IN LOCAL 24 HOUR CLOCK.
- 10. LATITUDE / LONGITUDE:**

PROVIDE GEOGRAPHIC INFORMATION FOR ALASKA AND OCEANIC EVENTS.
- 11. AIRCRAFT DAMAGE:**

PROVIDE THE MOST SEVERE DAMAGE TO AIRCRAFT FROM CATEGORIES.
- 12. COLLISION:**

IDENTIFY IF TWO AIRCRAFT ARE INVOLVED; AND IF TWO COLLIDED IN THE AIR OR ON THE GROUND. TWO FAA 8020-23 FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR HAD THE INTENT TO FLY.
- 13. AIRCRAFT REGISTRATION NUMBER:**

COMPLETE AIRCRAFT REGISTRATION INFORMATION (E.G. REGISTRATION: N1234M. MAKE/MODEL: E.G. DC-9-10. SERIAL NUMBER: 99347YT78. YEAR OF MANUFACTURE: E.G. 1994). ALSO PROVIDE AIRFRAME CYCLES AND AIRFRAME HOURS IN WHOLE NUMBERS.
- 14. FAR PART NUMBER:**

PROVIDE THE FEDERAL AVIATION REGULATION THAT THE AIRCRAFT WAS OPERATING UNDER. NOTES: AN AIR CARRIER DOING POSITIONING, TRAINING IS PART 91. PART 135 AIR TAXI AND AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE PART OF THE CREW.
- 15. TYPE OF AIRCRAFT:**

PROVIDE THE TYPE OF AIRCRAFT AND AIRWORTHINESS CERTIFICATE (MORE THAN ONE TYPE MAY BE CHECKED IN SOME CASES).
- 16. POWER PLANT INFORMATION:**

PROVIDE THE MAKE/MODEL/SERIES OF ENGINE ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.
- 17. PROPELLER INFORMATION :**

PROVIDE THE MAKE/MODEL/SERIES OF PROPELLER ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.
- 18. BIOHAZARD AREA:**

PROVIDE BIOHAZARD AREA INFORMATION. NOTE: SELECT 'YES' IF BODY FLUIDS PRESENT. ALSO PROVIDE USE OR NONUSE OF PERSONAL PROTECTIVE EQUIPMENT INFORMATION.
- 19. TYPE OF LANDING GEAR:**

PROVIDE TYPE OF LANDING GEAR OF AIRCRAFT INVOLVED IN EVENT.
- 20. INJURY SUMMARY:**

ENTER THE COUNT FOR EACH INJURY TYPE BY PERSON CATEGORY FOR ALL ON BOARD THE AIRCRAFT. ACCOUNT FOR PERSONNEL INJURED THAT WERE NOT ON THE AIRCRAFT UNDER OTHER.
- 21. FACTORS:**

SELECT THE MOST APPROPRIATE PRIMARY FACTOR FROM EITHER TECHNICAL OR OPERATIONAL FACTORS. SELECT ALL SECONDARY FACTORS.
- 21A. TECHNICAL FACTORS:**

SELECT ALL APPLICABLE FACTORS. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.
- 21B. OPERATIONAL FACTORS:**

SELECT ALL APPLICABLE FACTORS. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.
- 21C. PART NAME:**

IDENTIFY THE PART NAME THAT FAILED OR IS SUSPECTED OF FAILURE BY THE PROPER NOMENCLATURE THAT IS DEPICTED IN THE MANUFACTURERS PARTS CATALOGUE.
- 21D. MANUFACTURER:**

IDENTIFY THE MANUFACTURER OF THE PART, IF KNOWN.
- 21E. PART NUMBER:**

IDENTIFY THE MANUFACTURER PART NUMBER. THIS WOULD BE THE SAME NUMBER NEEDED TO REQUISITION A REPLACEMENT PART.
- 21F. ATA CODE:**

ENTER ATA CODES IAW TABLES IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE AND DEFINITIONS.
- 22. TYPE OF OPERATIONS:**

SELECT TYPE OF OPERATIONS AIRCRAFT PERFORMED AT TIME OF OCCURRENCE.
- 23. WEATHER BRIEFING SOURCE:**

SELECT WEATHER SOURCE PROVIDING WEATHER AT TIME OF OCCURRENCE.
- 24. PRECIPITATION:**

SELECT ALL APPLICABLE PRECIPITATION FACTORS AT TIME OF OCCURRENCE.
- 25. WEATHER FACTORS:**

SELECT ALL APPLICABLE WEATHER FACTORS AT TIME OF OCCURRENCE.
- 26. PHASE OF FLIGHT:**

SELECT PHASE OF FLIGHT WHERE ACCIDENT OR INCIDENT SEQUENCE STARTED.
- 27. ACTUAL WEATHER CONDITIONS:**

SELECT ACTUAL WEATHER CONDITION AT TIME OF OCCURRENCE.
- 28. RUNWAY CONDITIONS:**

ENTER RUNWAY DESIGNATOR AND RUNWAY INFORMATION IF EVENT OCCURRED ON A RUNWAY.
- 29. PILOT TRAINING INFORMATION:**

ENTER TYPE AND DATE OF ALL TRAINING RECEIVED WITHIN LAST 24 MONTHS.
- 30. EVACUATION OVERVIEW:**

SELECT IF AN EVACUATION WAS INITIATED; AND SELECT IF INJURIES OCCURRED ATTRIBUTABLE TO EVACUATION.
- 31. PILOT INFORMATION:**

REQUIRED ONLY IF PILOT ACTIONS OR LACK OF ACTIONS CONTRIBUTED TO THE ACCIDENT/INCIDENT. ENTER ALL PILOT INFORMATION, INCLUDING THE HIGHEST CERTIFICATE MAINTAINED BY PILOT.
- 32. CORRECTIVE ACTION:**

SELECT APPLICABLE CORRECTIVE ACTION(S) PLANNED OR INITIATED.
- 33. NARRATIVE:**

ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT.
- 34. NTSB PARTICIPATION :**

IDENTIFY LEVEL OF NTSB PARTICIPATION IN INVESTIGATION.
- 35. FAA PARTICIPATION:**

IDENTIFY LEVEL OF FAA PARTICIPATION IN INVESTIGATION. ON-SCENE CAN BE CHECKED IF THE INSPECTOR/INVESTIGATOR PARTICIPATES IN THE INVESTIGATION BEYOND USE OF THE TELEPHONE, I.E. ENGINE TEARDOWN, INTERVIEW, OR WRECKAGE INVESTIGATION NOT AT THE SCENE OF THE ACCIDENT.
- 36. FAA INITIAL NOTIFICATION:**

IDENTIFY THE TIME THE FIRST FAA FACILITY IS MADE AWARE OF THE OCCURRENCE EITHER THROUGH DISCOVERY OR NOTIFICATION NOTE: USUALLY FIRST NOTIFICATION IS TO AIR TRAFFIC.
- 37. FSDO NOTIFICATION:**

IDENTIFY THE FIRST CALL ON THE OCCURRENCE RECEIVED BY THE FSDO.
- 38. FAA IIC ARRIVAL ON SCENE:**

IDENTIFY THE DATE AND TIME THE FAA IIC ARRIVES ON THE SCENE.
- 39. FAA HOURS USED FOR TOTAL INVESTIGATION:**

IDENTIFY TOTAL HOURS FAA SPENT ON THE INVESTIGATION. THIS INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES IN WHOLE HOURS ONLY.
- 40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:**

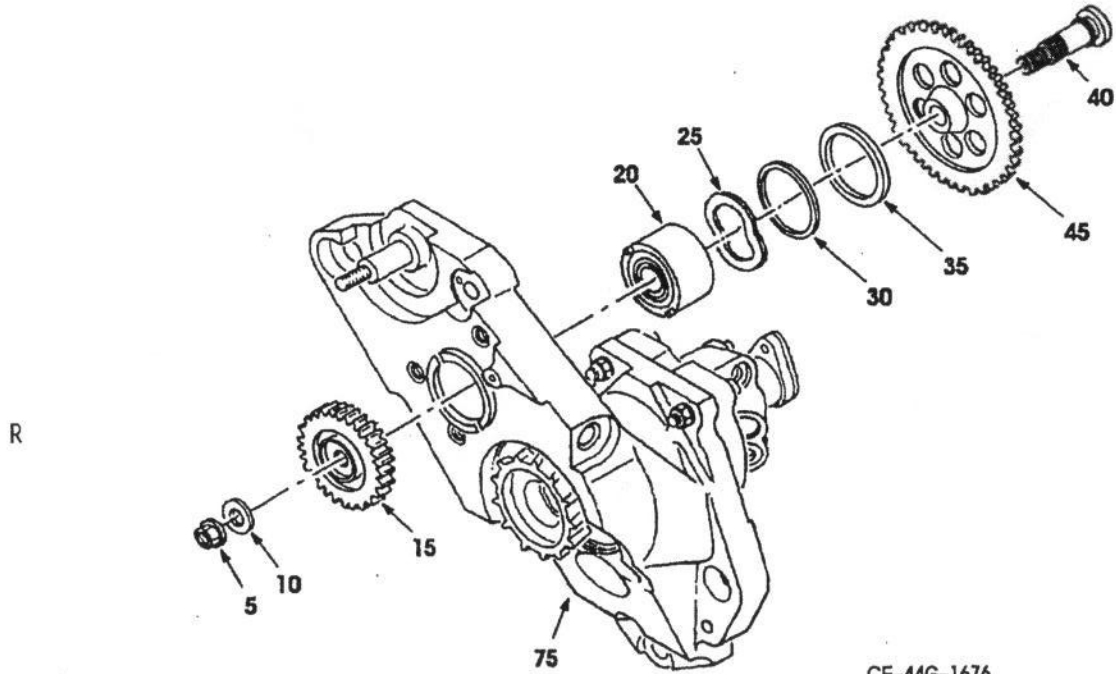
IDENTIFY TOTAL HOURS FAA SPENT AT THE SCENE IN WHOLE HOURS ONLY.
- 41. TOTAL TRAVEL HOURS TO & FROM SCENE:**

IDENTIFY TOTAL HOURS FAA SPENT ON TRAVEL TO AND FROM SCENE IN WHOLE HOURS ONLY.
- 42. FAA NINE RESPONSIBILITIES:**

IDENTIFY FAA AREAS OF RESPONSIBILITY INVOLVED. DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/INVESTIGATOR BASED ON BACKGROUND, TRAINING, SKILL, AND EXPERIENCE. ANNOTATION OF ONE OR MORE RESPONSIBILITIES DOES NOT HAVE TO BE JUSTIFIED OR PROVEN. AN AIRMAN WHO MAKES A MISTAKE, WHICH RESULTS IN AN ACCIDENT IS ANNOTATED UNDER AIRMAN/AIR AGENCY COMPETENCE. IT IS NOT NECESSARY TO SUBMIT AN EIR BECAUSE OF ANNOTATION OF VIOLATION.
- 43. BRIEF EXPLANATION OF ISSUES INVOLVED FOR EACH OF THE NINE RESPONSIBILITIES INVOLVED.**

DESCRIBE RELEVANT ISSUES SURROUNDING THE OCCURRENCE. IF NO ISSUES, EXPLAIN WHY.
- 44. FAA IIC INFORMATION:**

ENTER IIC INFORMATION NAME AND OFFICE, AND DATE FORM COMPLETED.

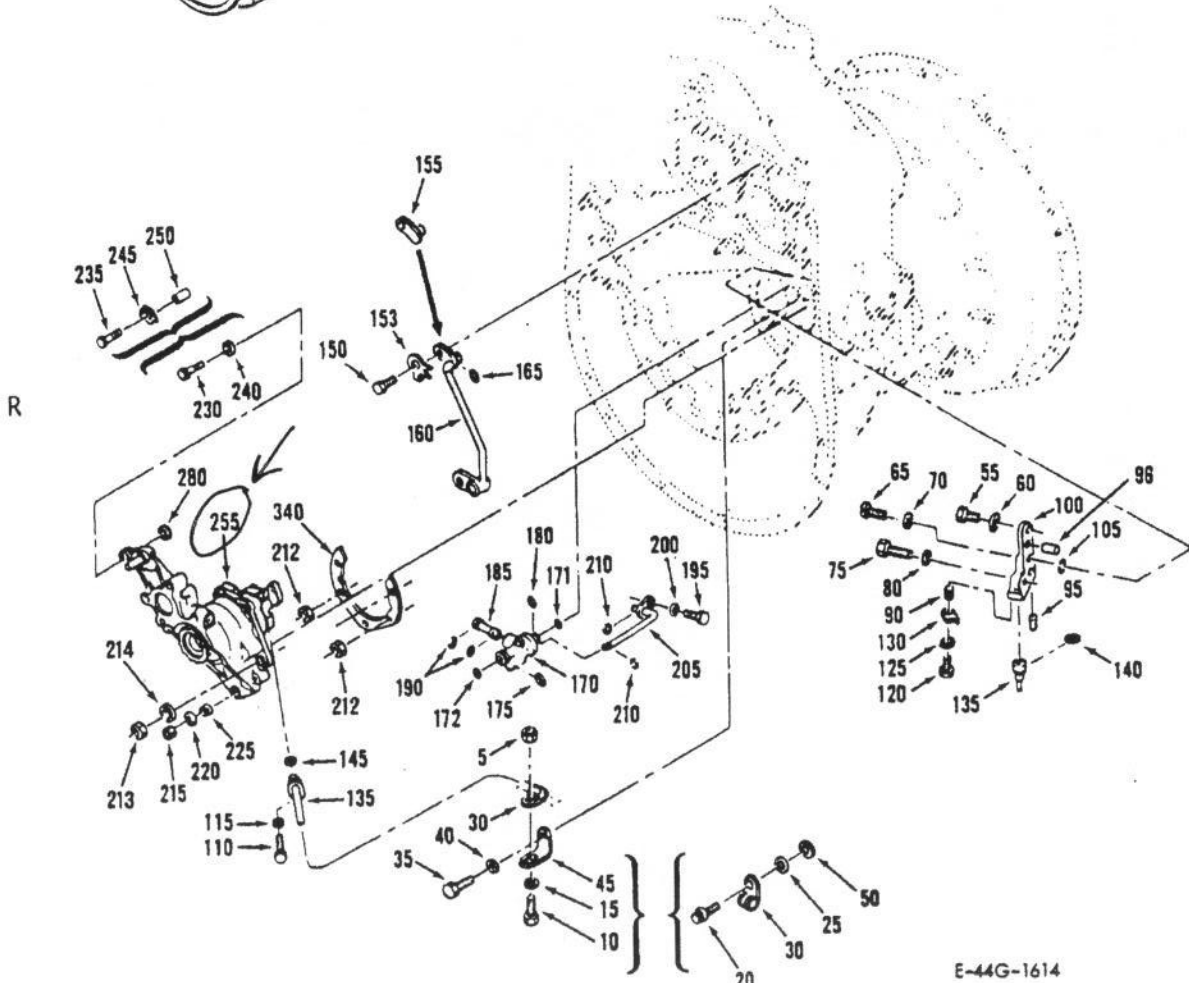
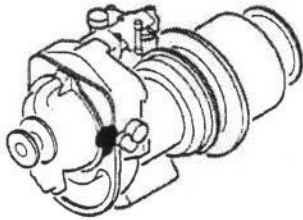


(Post SB 72-0555)  
Torque Sensor Gear Assembly  
(Field Maintenance Breakdown)  
Figure 164A

FIG. ITEM	PART NUMBER	AIRLINE STOCK NO.	1234567	NOMENCLATURE	EFFECT (USE) CODE	UNITS PER ASSY
164A - 1	3101726-3			GEAR ASSY-TORQUE SENSOR (FIELD MAINT BKDN) (POST SB 72-0555)		RF R
5	MS21043-5			.NUT		1 R
10	3103409-1			.WASHER-SPR CPRSN		1 R
15	3103589-1			.GEAR-SPUR		1 R
20	3103585-1			.BEARING-BALL		1 R
25	3101609-3			.WASHER-SPR TNSN		1 R
30	865057-8			.RETAINER-RING		1 R
35	626-606-9002			.RETAINER-RING INTERNAL		1 R
40	3103405-3			.SHAFT-SHOULDERED SPLINED		1 R
45	3103406-2			.GEAR-SPUR		1 R
75	ORDERNHA			.SENSOR ASSY-TORQUE (ORDER NHA)		1 R

— ITEM NOT ILLUSTRATED





E-44G-1614

(Post SB 72-0061) (Pre SB 72-0232)  
Torque Sensor Assembly and Oil  
Transfer Manifold Installation  
Figure 162

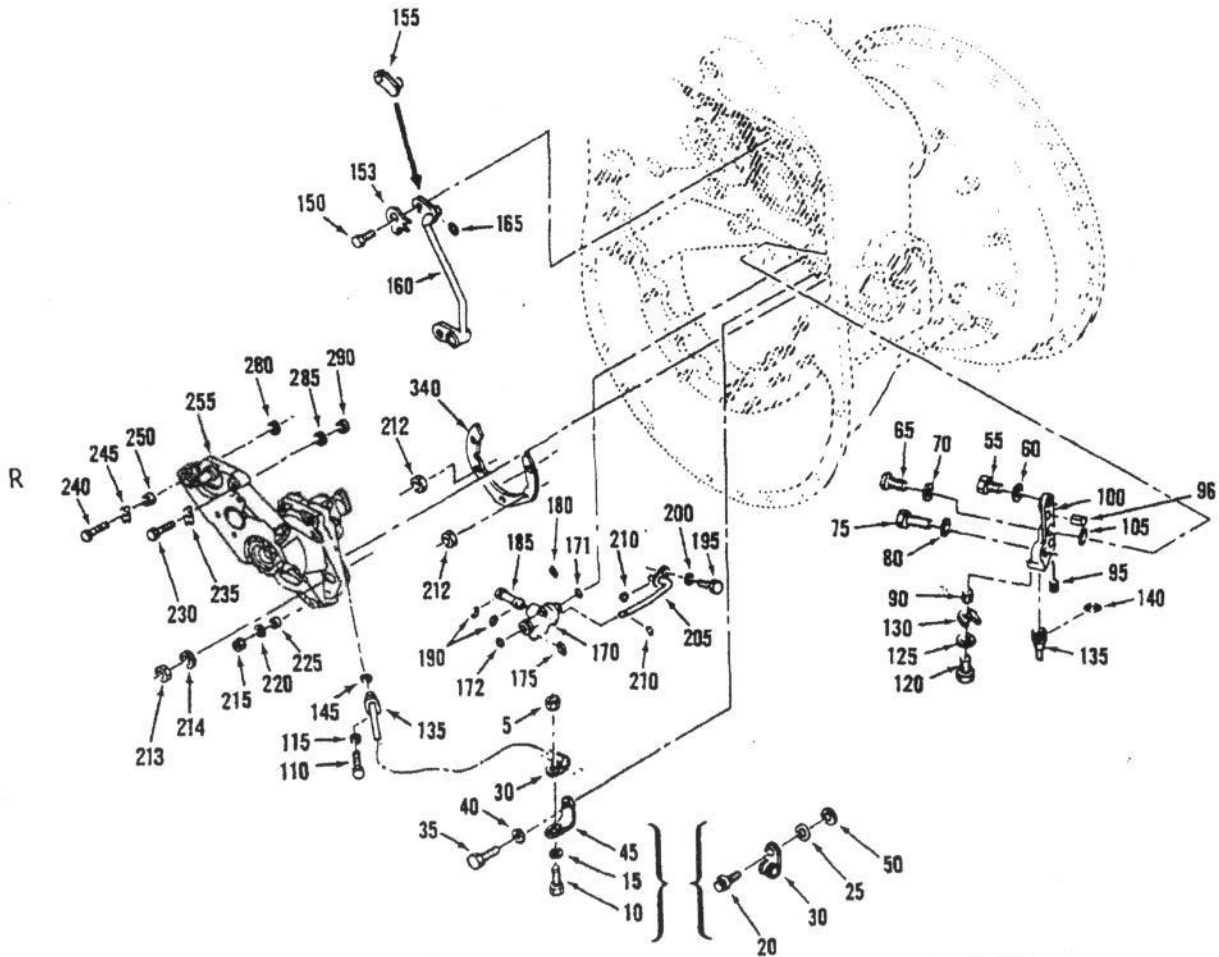


ILLUSTRATED PARTS CATALOG  
GARRETT TPE331-1/-2

FIG. ITEM	PART NUMBER	AIRLINE STOCK NO.	1234567 NOMENCLATURE	EFFECT (USE) CODE	UNITS PER ASSY
162 255	896826-4		.SENSOR ASSY-TORQUE (PRE SB 72-0095) (REPL BY ITEM 255A) (REFER TO RPRT NO. 72-12-12 FOR OVHL)	6	1
-255A	896826-5		.SENSOR ASSY-TORQUE (PRE SB 72-0095) (REPLACES ITEM 255) (REFER TO RPRT NO. 77-12-12 FOR OVHL)	7	1
-255B	896826-8		.SENSOR ASSY-TORQUE (REPL BY ITEM 255C) (POST SB 72-0095) (PRE SB 72-0111) (REFER TO RPRT NO. 72-12-12 FOR OVHL)	8	1
-255C	896826-9		.SENSOR ASSY-TORQUE (REPLACES ITEM 255B) (POST SB 72-0095) (PRE SB 72-0111) (REFER TO RPRT NO. 72-12-12 FOR OVHL)	9	1
-255D	3101726-1		.TORQUE SENSOR GEAR ASSY (POST SB 72-0111) (PRE SB 72-0555) (REFER TO RPRT NO. 72-00-17 FOR OVHL)	10	1
-255E	3101726-3		.TORQUE SENSOR GEAR ASSY (POST SB 72-0555) (REFER TO RPRT NO. 72-00-17 FOR OVHL)		1

— ITEM NOT ILLUSTRATED





E-44G-1613

(Post SB 72-0232) Torque Sensor Assembly and  
Oil Transfer Manifold Installation  
Figure 162A

FIG. ITEM	PART NUMBER	AIRLINE STOCK NO.	1234567	NOMENCLATURE	EFFECT (USE) CODE	UNITS PER ASSY
162A -225B	3101627-3			.BUSHING (0.290 TO 0.292 INCH DIAMETER) (SELECT AS REQUIRED)		AR
230	MS9489-21			.BOLT (PRE SB 72-0226)		1
-230A	MS9489-22			.BOLT (POST SB 72-0226)		1
235	MS9582-09			.WASHER		1
240	3101624-2			.BOLT		1
245	3101626-1			.WASHER-KEY		1
250	3101625-2			.BUSHING		1
255	3101726-2			.SENSOR ASSY-TORQUE (PRE SB 72-0555) (REFER TO RPRT NO. 72-00-17 FOR OVHL)		1 R
-255A	3101726-3			.SENSOR ASSY-TORQUE (POST SB 72-0555) (REFER TO RPRT NO. 72-00-17 FOR OVHL)		1 R
280	3101357-1			.WASHER (0.005 INCH THICK) (SELECT AS REQUIRED)		AR
-280A	3101357-2			.WASHER (0.010 INCH THICK) (SELECT AS REQUIRED)		AR
-280B	3101357-3			.WASHER (0.012 INCH THICK) (SELECT AS REQUIRED)		AR
-280C	3101357-4			.WASHER (0.016 INCH THICK) (SELECT AS REQUIRED)		AR
-280D	3101357-5			.WASHER (0.018 INCH THICK) (SELECT AS REQUIRED)		AR
-280E	3101357-6			.WASHER (0.020 INCH THICK) (SELECT AS REQUIRED)		AR

— ITEM NOT ILLUSTRATED

 72-00-91  
 PAGE 657  
 OCT 17/94