

**NATIONAL TRANSPORTATION SAFETY BOARD**  
**NTSB Form 6120.1**  
**PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**

**If more space is needed, continue on a blank sheet of paper.**

*Nearest City/Place:* Use the name of the nearest community in the state where the accident/incident occurred.

*Date/Time:* Indicate the date and local time of the event. Be sure to indicate the time zone.

*Phase of Operation:* Indicate the phase of operation during which the accident/incident occurred.

*Aircraft Information:* Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

*Maximum Gross Weight:* Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

*Engine:* Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

*Type of Fire Extinguishing System:* If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

*Owner/Operator Information:* Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

*Revenue Sightseeing Flight:* Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

*Air Medical Flight:* Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

*Public Aircraft:* Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137:** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**--Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**--Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**--Company flying with a paid, professional crew.

**FERRY**--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**--Use only if the primary purpose of flight is not known.

**Other Aircraft--Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

**These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to [www.nts.gov](http://www.nts.gov).**

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

**This form to be used for reporting civil and public aircraft accidents and incidents**

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ Country: \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: \_\_\_\_\_ Local Time: \_\_\_\_\_  
*mm/dd/yyyy* Time Zone: \_\_\_\_\_  
**Collision with Other Aircraft:** Midair On-ground None

**Corrected: 15,701lbs at landing with fuel. as**

**AIRCRAFT INFORMATION**

**Registration Number:** \_\_\_\_\_  
**Manufacturer:** \_\_\_\_\_  
**Model:** \_\_\_\_\_  
**Serial Number:** \_\_\_\_\_  
**Year of Manufacture:** \_\_\_\_\_  
**Amateur-Built:** Yes *If Yes:* Kit/Plans Make: \_\_\_\_\_  
 No Original Design

**IFR-Equipped and Certified**  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** \_\_\_\_\_ lbs  
**Weight at Time of Accident/Incident:** \_\_\_\_\_ lbs  
**Number of Seats:** \_\_\_\_\_ Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
**Number of Engines:** \_\_\_\_\_

Category of Aircraft	Type of Airworthiness Certificate <i>(Check all that apply)</i>	Landing Gear <i>(Check all that apply)</i>	Engine Type <i>(Select one)</i>																																																				
Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	<table border="0"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> </table> <p>Certificate of Authorization or Waiver (COA) None Unknown</p>	Standard	Special	Normal	Restricted	Aerobatic	Limited	Balloon	Provisional	Commuter	Special Flight	Transport	Experimental	Utility	Special Light-Sport		Experimental Light-Sport	<table border="0"> <tr> <th colspan="2">Retractable</th> <th>Tailwheel</th> </tr> <tr> <td>Tricycle</td> <td></td> <td></td> </tr> <tr> <td>Amphibian</td> <td></td> <td>High Skid</td> </tr> <tr> <td>Emergency Float</td> <td></td> <td>Skid</td> </tr> <tr> <td>Float</td> <td></td> <td>Ski</td> </tr> <tr> <td>Hull</td> <td></td> <td>Ski/Wheel</td> </tr> <tr> <td colspan="3">Other Launch/Recovery System</td> </tr> <tr> <td>None</td> <td></td> <td>Unknown</td> </tr> </table>	Retractable		Tailwheel	Tricycle			Amphibian		High Skid	Emergency Float		Skid	Float		Ski	Hull		Ski/Wheel	Other Launch/Recovery System			None		Unknown	<table border="0"> <tr> <td>Reciprocating</td> <td>Liquid Rocket</td> </tr> <tr> <td>Turbo Shaft</td> <td>Solid Rocket</td> </tr> <tr> <td>Turbo Prop</td> <td>Hybrid Rocket</td> </tr> <tr> <td>Turbo Jet</td> <td>None</td> </tr> <tr> <td>Turbo Fan</td> <td>Unknown</td> </tr> <tr> <td>Electric</td> <td></td> </tr> </table> <p><b>Fuel System Type <i>(Reciprocating)</i></b>          Carburetor Fuel-Injected</p>	Reciprocating	Liquid Rocket	Turbo Shaft	Solid Rocket	Turbo Prop	Hybrid Rocket	Turbo Jet	None	Turbo Fan	Unknown	Electric	
Standard	Special																																																						
Normal	Restricted																																																						
Aerobatic	Limited																																																						
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Commuter	Special Flight																																																						
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown <b>Date Last Inspection:</b> _____ <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> _____ hrs hours measured at <i>(Select one)</i> Last Inspection Time of Accident/Incident	<b>Propeller 1</b> Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	<b>Propeller 2</b> Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
	<b>ELT Installed:</b> Yes No <i>If Yes:</i> <b>ELT Manufacturer:</b> _____ <b>Model or Part No.:</b> _____ <b>TSO No.:</b> C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) <b>Was ELT still mounted in aircraft?</b> Yes No <b>Was ELT still connected to antenna?</b> Yes No <b>Did ELT Activate?</b> Yes No <i>If activated:</i> <b>Did ELT Aid in Locating Aircraft:</b> Yes No <i>If not activated:</i> <b>Indicate Reason:</b> Impact Damage Fire Damage Battery Expired/Damaged Unknown	<b>Additional Equipment <i>(Check all that apply)</i></b> ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____
<b>Type of Maintenance Program <i>(Select one)</i></b> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____		
<b>Description of Fire Extinguishing System</b> None Specify: _____		

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: \_\_\_\_\_  
 Fractional Ownership Aircraft: Yes No

City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Operator of Aircraft**

*Same As Registered Owner*

*Same Address as Registered Owner*

Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Operating Certificates Held**

*(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation
- Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- |         |         |         |
|---------|---------|---------|
| FAR 91  | FAR 129 | FAR 415 |
| FAR 103 | FAR 133 | FAR 431 |
| FAR 121 | FAR 135 | FAR 435 |
| FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight  
 Non-US, Commercial  
 Non-US, Non-commercial

Public Aircraft *(Select one)*  
 Armed Forces  
 Federal  
 State  
 Local  
 Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

*(Select one for each group)*

- |                           |               |
|---------------------------|---------------|
| Scheduled or Commuter     | Domestic      |
| Non-Scheduled or Air Taxi | International |

- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

*(Select one)*

- |                     |                |         |
|---------------------|----------------|---------|
| Aerial Application  | Firefighting   | Unknown |
| Aerial Observation  | Flight Test    |         |
| Air Drop            | Glider Tow     |         |
| Air Race/Show       | Instructional  |         |
| Banner Tow          | Other Work Use |         |
| Business            | Personal       |         |
| Executive/Corporate | Positioning    |         |
| External Load       | Skydiving      |         |
| Ferry               |                |         |

**Revenue Sightseeing Flight**

Yes No

**Air Medical Flight**

Yes No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

**Airport Name:** \_\_\_\_\_  
**Airport Identifier:** \_\_\_\_\_  
**Proximity to Airport:** Off Airport/Airstrip On Airport/Airstrip N/A

**Distance From Airport Center:** \_\_\_\_\_ sm  
**Direction From Airport:** \_\_\_\_\_ degrees true  
**Airport Elevation:** \_\_\_\_\_ ft. msl

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface (Check all that apply)**

- |          |            |            |         |
|----------|------------|------------|---------|
| Asphalt  | Grass/Turf | Macadam    | Water   |
| Concrete | Gravel     | Metal/Wood |         |
| Dirt     | Ice        | Snow       | Unknown |

**Condition of Runway/Landing Surface (Check all that apply)**

- |                 |                |              |
|-----------------|----------------|--------------|
| Dry             | Snow-Compacted | Water-Calm   |
| Holes           | Snow-Crusted   | Water-Choppy |
| Ice Covered     | Snow-Dry       | Water-Glassy |
| Rough           | Snow-Wet       | Wet          |
| Rubber Deposits | Soft           |              |
| Slush-Covered   | Vegetation     | Unknown      |

**Approach/Departure Segment (Select one)**

- |               |                                   |                        |           |                                   |
|---------------|-----------------------------------|------------------------|-----------|-----------------------------------|
| Taxi          | VFR Departure                     | On Instrument Approach | Downwind  | Low Approach                      |
| Takeoff       | IFR Departure Procedure/Clearance | Landing                | Base      | Go Around                         |
| Initial Climb |                                   |                        | Final     | Aborted Landing (after touchdown) |
|               |                                   |                        | Crosswind | Unknown                           |

**IFR Approach (Check all that apply)**

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice GPS
- Unknown

**VFR Approach (Check all that apply)**

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

**“FLIGHT CREWMEMBER 1” INFORMATION**

**“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident**

Pilot      Co-Pilot      Student Pilot      Flight Instructor      Check Pilot      Flight Engineer      Other Flight Crew

**“Flight Crewmember 1” was pilot flying**      Yes      No

**“Flight Crewmember 1” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None      Fatal Minor      Unknown Serious		<b>Seat Occupied</b> Left      Front      Unknown Right      Rear Center      Single			<b>Restraint Type</b> <b>Available</b> <b>Used</b> None      None Lap only      Lap only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer							

<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None      Class 3 Class 1      Driver’s License (Sport Pilot only) Class 2      Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers      Unknown With limitations/waivers      N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**“FLIGHT CREWMEMBER 2” INFORMATION**

**“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

Pilot      Co-Pilot      Student Pilot      Flight Instructor      Check Pilot      Flight Engineer      Other Flight Crew

“Flight Crewmember 2” was pilot flying      Yes      No

**“Flight Crewmember 2” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None      Fatal Minor      Unknown Serious		<b>Seat Occupied</b> Left      Front      Unknown Right      Rear Center      Single			<b>Restraint Type</b> <b>Available</b> <b>Used</b> None      None Lap only      Lap only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer							

<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None      Class 3 Class 1      Driver’s License (Sport Pilot only) Class 2      Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers      Unknown With limitations/waivers      N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>			
Yes	No					

<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident: _____ hrs</b>			
Yes	No					

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____	City : _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Time of Departure</b> Time: _____ Time Zone: _____	<b>Destination</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Type Flight Plan Filed</b> None VFR/IFR Company VFR IFR Military VFR Unknown VFR <b>Activated?</b> Yes    No    Unknown
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**Type of ATC Clearance/Service** *(Check all that apply)*

None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA
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**Airspace where the accident/incident occurred** *(Check all that apply)*

Class A	Class G	Military Operations Area (MOA)	Special	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> <i>(Check all that apply)</i> National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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<b>Basic Conditions</b> VMC IMC Unknown	<b>Light Condition</b> Dawn                      Dusk                      Dark Night                      Unknown Day                          Night                          Bright Night
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<b>Sky/Lowest Cloud Condition</b> Clear                      Thin Broken Few                          Thin Overcast Partial Obscuration      Unknown Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> None (Clear)              Obscured Broken                      Indefinite Overcast                      Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
--	--	---

<b>Wind Direction</b> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> Calm Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> _____ miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown	<b>Type of Precipitation</b> <i>(Check all that apply)</i> None                      Drizzle                      Freezing Rain Rain                          Ice Pellets                      Snow Shower Snow                          Snow Pellets                      Ice Pellets Shower Hail                          Snow Grains                      Freezing Drizzle Rain Showers              Ice Crystals	<b>Restriction to Visibility</b> <i>(Check all that apply)</i> None                      Fog Blowing Dust              Ground Fog Blowing Sand              Haze Blowing Snow              Ice Fog Blowing Spray              Smoke Dust                          Unknown
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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		<b>Turbulence</b> <table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>None</td> <td>Light</td> </tr> <tr> <td>Clear Air</td> <td>Moderate</td> </tr> <tr> <td>Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td>Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type	Severity	None	Light	Clear Air	Moderate	Terrain-Induced	Severe	Convective Turbulence	Extreme
Amount	Type																																							
None	N/A																																							
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**



**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

None	Substantial
Minor	Destroyed
	Unknown

**Aircraft Fire**

None	Both Ground and In-Flight
In-Flight	Fire at Unknown Time
On-Ground	Unknown

**Aircraft Explosion**

None	Both Ground and In-Flight
In-Flight	Explosion at Unknown Time
On-Ground	Unknown

**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

**NARRATIVE HISTORY OF FLIGHT** *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

Was there Mechanical Malfunction/Failure?    Yes    No  
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

\_\_\_\_\_ Gallons

**Fuel Type**

80/87

115/145

Jet B

Other, specify \_\_\_\_\_

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed?    Yes    No

**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**

Destroyed	Minor
Substantial	None

**Registered Owner of Other Aircraft**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION (Please type or print in ink)**

Use this space if additional space is needed for any answers.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

<b>Date of this Report</b> _____ <i>mm/dd/yyyy</i>	<b>Name of Pilot/Operator:</b> _____ <b>Signature:</b> _____ <i>-- or --</i> Check here to electronically sign this document
--	--

**If a Person Other than Pilot/Operator is Filing Report**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

*-- or --* Check here to electronically sign this document

<b>FOR NTSB USE ONLY</b>			
<b>NTSB Accident/Incident No.</b>	<b>Reviewed by NTSB Regional Office</b>	<b>Name of Investigator</b>	<b>Date Report Received</b>