1-10 2014 Royal Air / NTSB

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: KPTK State: MI
ZIP: 48327 County: USA
Latitude _____ (dd:mm:ss N/S) Longitude _____ (ddd:mm:ss E/W)

Date/Time
Date _____ (mm/dd/yyyy) Local Time _____
Time Zone: _____

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☑ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☑ None

Altitude of In-Flight Occurrence
_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Cessna
Model: 310R
Serial Number: 924
Registration Number: N3856 Amateur-built: ☐ Yes ☑ No

Max Gross Weight: 5500 lbs
Weight at Time of Accident/Incident: ? lbs
Location of Center of Gravity at Time of Accident/Incident:
_____ inches from ☐ nose or ☐ datum
-or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☑ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*
Standard: ☑ Normal ☐ Utility ☐ Aerobatic ☐ Transport
Special: ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport

Number of Seats: 2
If Large Aircraft, how many seats for:
Flight Crew: _____
Cabin Crew: _____
Passengers: _____

Landing Gear ☑ Retractable
Check any additional landing gear configuration that applies
☑ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☐ Annual
☐ Conditional (Amateur-built only)
☑ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☑ Annual ☐ Unknown

Date Last Inspection: 08-23-2013 (mm/dd/yyyy)

Airframe Total Time: 4444.9 hrs
hours measured at *(check one)*
☐ Last Inspection ☑ Time of Accident/Incident

IFR Equipped
☑ Yes ☐ No ☐ Unknown

Stall Warning System Installed
☑ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System
☑ None
☐ Specify _____

ELT Installed ☑ Yes ☐ No
ELT Activated ☐ Yes ☐ No
ELT Aided in Locating Accident/Incident ☐ Yes ☐ No

ELT Manufacturer: SHARC 7
Model/Series: _____
Serial Number: 303356
Battery Type: ALK **Battery Exp. Date:** 1-31-2015

Engine Type
☑ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type
☐ Carburetor
☑ Fuel Injected

Propeller
☐ Fixed Pitch
☑ Controllable Pitch
Manufacturer: McCulley
Model: 3AF32C525/50-1

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. (mm/dd/yyyy)	Engine Rated Power Measured as (check one) ☑ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng 1	Cont	IO-520-MB	#1/526016-R	5/3/02	285	1389.4	17.0	1389.4
Eng 2	"	"	#2/529131-R	6/27/01	285	1605.7	17.0	1605.7
Eng 3								
Eng 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: ROYAL AIR FREIGHT INC

Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner Address
City: WATERFORD
State: MI ZIP 48327
Country: USA

Operator of Aircraft ☑ Same As Registered Owner

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

Operator Address ☐ Same As Registered Owner

City:
State: ZIP
Country:

Regulation Flight Conducted Under

☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☒ No

Air Medical Flight
☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*

☐ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☑ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*

☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☑ Domestic ☐ International

Cargo Operation
☐ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)

☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☑ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
- or -
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number
N38296

Manufacturer: CESSNA
Model: C310-R

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☒ None

Registered Owner of Other Aircraft

First Name:
Middle Initial:
Last Name:
City:
State: ZIP
Country:

Pilot of Other Aircraft

First Name: ANDREW
Middle Initial: W
Last Name: DEMOS
City: WATERFORD
State: MI ZIP 48327
Country: USA

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☐ Unknown
(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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☐ Substantial
☐ Minor ☐ Destroyed

Aircraft Fire
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

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AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KPTK
Airport Name: OAKLAND International Aps
Proximity to Airport ☐ Off Airport Airstrip ☐ On Airport ☐ On Airstrip

Distance From Airport Center: _____ SM
Direction From Airport: _____ degrees MAG
Airport Elevation: 980 ft. MSL

Approach Segment *(Select one)*

☑ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

Runway Information

Runway ID: 9R (L/R/C) Length: 6850 ft Width: 150 ft

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

☑ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

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 ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KFTY
City: ATLANTA
State: GA
Country: USA

Time of Departure
Time: _____
Time Zone _____

Destination
Airport ID: KPTK
City: WATERFORD, MI
State: MI
Country: USA

Type Flight Plan Filed
☐ None ☐ ~~Defense~~ ☐ IFR ☐ Unknown
☐ Company VFR ☐ Military VFR ☐ VFR
Activated? ☐ Yes ☐ No

Type of ATC Clearance/Service *(Check all that apply)*

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☑ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☑ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☑ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

_____ Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☑ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

UNKNOWN

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: KPTK
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*
☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition
☐ Dawn ☐ Dusk ☐ Dark Night
☐ Day ☒ Night ☐ Bright Night
☐ Not Reported

Visibility
_____ miles

Sky/Lowest Cloud Condition
☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling
☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility *(Check all that apply)*
☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height
_____ ft AGL

Ceiling Height
_____ ft AGL

Wind Direction
☐ Indicated: _____ degrees MAG
☐ Variable

Wind Speed
Velocity: _____ KTS
-or-
☐ Calm
☐ Light and Variable

Wind Gusts
Velocity: _____ KTS
☐ Gusting
☐ Not Gusting

Type of Turbulence *(Check all that apply)*
☐ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

Amount		Type
☐ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Icing Actual

Amount		Type
☐ None	☐ Moderate	☐ Rime
☐ Trace	☐ Severe	☐ Clear
☐ Light		☐ Mixed

Type of Precipitation *(Check all that apply)*
☐ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: ANDREW D JENOS
Middle Initial: W
Last Name:
City:
State: ZIP:
Country:
Age at time of Accident/Incident: 33 Date of Birth: [redacted] (mm/dd/yyyy) Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☐ Yes ☐ No	Used ☐ Yes ☐ No Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☑ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☑ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	11/01/2013 (mm/dd/yyyy)

Medical Certificate Limitations

NONE

Medical Certificate Waivers

NONE

Date of Last Flight Review or Equivalent, Including FAR 121.435 Checks: 12/19/2013 (mm/dd/yyyy)

Flight Review Aircraft
Make: CESSNA
Model: C310R

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☑ Single-Engine Land ☐ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☑ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

1940

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1940	32.3								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days	35									
Last 24 Hours										

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PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

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

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single	Used ☐ Yes ☐ No Available ☐ Yes ☐ No	Used ☐ Yes ☐ No Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☐ Other ☐ Unknown	☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown	☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown	_____ (mm/dd/yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ (mm/dd/yyyy)

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift	☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

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

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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: ____ City: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ____ hrs

Pilot Name and Address

First Name: ____ City: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ____ hrs

Pilot Name and Address

First Name: ____ City: ____
Middle Initial: ____ State: ____ ZIP: ____
Last Name: ____ Country: ____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ____ Middle Initial: ____ Last Name: ____	City: ____ State: ____ ZIP: ____ Country: ____	____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 time and point of departure, intended destination, and services obtained.

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

Operator/Owner Safety Recommendation