

# 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

## 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

Airplane  
Balloon  
Blimp/Dirigible  
Glider  
Gyroplane  
Helicopter  
Powered Lift  
Rocket  
Ultralight  
Unknown

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

Normal  
Aerobatic  
Balloon  
Commuter  
Transport  
Utility

#### Special

Restricted  
Limited  
Provisional  
Special Flight  
Experimental  
Special Light-Sport  
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
None                                Unknown

### Landing Gear

(Check all that apply)

Retractable

Tricycle                                Tailwheel  
  
Amphibian                                High Skid  
Emergency Float                                Skid  
Float                                Ski  
Hull                                Ski/Wheel  
  
Other Launch/Recovery System  
None                                Unknown

### Engine Type (Select one)

Reciprocating                                Liquid Rocket  
Turbo Shaft                                Solid Rocket  
Turbo Prop                                Hybrid Rocket  
Turbo Jet                                None  
Turbo Fan                                Unknown  
Electric

### Fuel System Type (Reciprocating)

Carburetor                                Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

100-Hour                                Continuous Airworthiness  
AAIP                                Conditional Inspection  
Annual                                Unknown

**Date Last Inspection:** \_\_\_\_\_  
mm/dd/yyyy

**Airframe Total Time:** \_\_\_\_\_ hrs  
hours measured at (Select one)  
Last Inspection                                Time of Accident/Incident

### Type of Maintenance Program (Select one)

Annual  
Conditional (Amateur-built only)  
Manufacturer's Inspection Program  
Other Approved Inspection Program (AAIP)  
Continuous Airworthiness  
Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

None  
Specify: \_\_\_\_\_

### Propeller 1

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Propeller 2

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**ELT Installed:**    Yes    No

If Yes:

**ELT Manufacturer:** \_\_\_\_\_

**Model or Part No.:** \_\_\_\_\_

**TSO No.:**    C91 (121.5 MHz)    C91a (121.5 MHz)  
                             C126 (406 MHz)

**Was ELT still mounted in aircraft?**    Yes    No

**Was ELT still connected to antenna?**    Yes    No

**Did ELT Activate?**    Yes    No

If activated:

**Did ELT Aid in Locating Aircraft?**    Yes    No

If not activated:

**Indicate Reason:**    Impact Damage  
                             Fire Damage  
                             Battery Expired/Damaged  
                             Unknown

### Additional Equipment (Check all that apply)

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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

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

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

Fractional Ownership Aircraft: Yes No

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

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

**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*

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

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

Doing Business As: \_\_\_\_\_

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

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

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: \_\_\_\_\_

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

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	PAR	MLS	Practice
SDF	Sidestep	LDA	GPS
VOR/TVOR	ILS	ASR	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	
			Unknown

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

None

Traffic Pattern	Stop and Go
Straight-In	Touch and Go
Valley/Terrain Following	Simulated Forced Landing
Go Around	Forced Landing
Full Stop	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> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	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
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Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> <table style="width: 100%;"> <tr> <td>None</td> <td>Class 3</td> </tr> <tr> <td>Class 1</td> <td>Driver's License (Sport Pilot only)</td> </tr> <tr> <td>Class 2</td> <td>Unknown</td> </tr> </table>		None	Class 3	Class 1	Driver's License (Sport Pilot only)	Class 2	Unknown	<b>Medical Certificate Validity</b> <table style="width: 100%;"> <tr> <td>Without limitations/waivers</td> <td>Unknown</td> </tr> <tr> <td>With limitations/waivers</td> <td>N/A</td> </tr> <tr> <td>Special Issuance</td> <td></td> </tr> </table>	Without limitations/waivers	Unknown	With limitations/waivers	N/A	Special Issuance		<b>Date of Last Medical</b> _____ mm/dd/yyyy	
None	Class 3																
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Special Issuance																	

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

<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> <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
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Airplane Single-Engine	Instrument Helicopter												
Airplane Multi-Engine	Helicopter												
Gyroplane	Glider												
Powered Lift	Sport												

### Type Ratings

### Student Endorsements *(Include dates)*

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> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	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
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<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														

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

<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> <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
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### Type Ratings

### Student Endorsements *(Include dates)*

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										

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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left      Front Center    Rear Right     Single Unknown		None Minor Serious Fatal Unknown		
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>None Private Student</div> <div>Flight Instructor Recreational Sport</div> <div>Commercial Airline Transport Flight Engineer</div> <div>US Military Foreign</div> </div>					<b>Restraint Type:</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b>  None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> <b>Used</b>  None Lap Only 3-point 4-point 5-point Unknown </div> </div>		<b>Inflatable Restraints</b> None Installed Installed Not Deployed Deployed Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
<b>Crew Name and Address</b>					<b>Seat Occupied</b>		<b>Injury</b>		
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<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes      No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
<b>Name and Address</b>			<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>	<b>Age</b>	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available      Used</b> None      None Lap Only      Lap Only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available      Used</b> None      None Lap Only      Lap Only 3-point      3-point 4-point      4-point 5-point      5-point Unknown      Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown	
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## 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	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 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

### Source of Pilot Weather Information

(Check all that apply)

National Weather Service	Company
Flight Service Station	Military
TV/Radio	Internet
Automated Report	None
Commercial Weather Service (DUATS)	Unknown
On-Board Weather	

### Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

### Basic Conditions

VMC  
 IMC  
 Unknown

### Light Condition

Dawn Dusk Dark Night Unknown  
 Day Night Bright Night

### Sky/Lowest Cloud Condition

Clear	Thin Broken
Few	Thin Overcast
Partial Obscuration	Unknown
Scattered	

### Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

### Ceiling

None (Clear)	Obscured
Broken	Indefinite
Overcast	Unknown

### Ceiling Height

\_\_\_\_\_ ft agl

**Temperature:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

**Dew Point:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

**Altimeter Setting:** \_\_\_\_\_ in. Hg  
 or \_\_\_\_\_ MB

### Wind Direction

Variable

-or-

Direction: \_\_\_\_\_ degrees true

### Wind Speed

Calm  
 Light and Variable

-or-

Speed: \_\_\_\_\_ kts

### Wind Gusts

Not Gusting

-or-

Speed: \_\_\_\_\_ kts

### Visibility

\_\_\_\_\_ miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

**Density Altitude:** \_\_\_\_\_ ft

### Intensity of Precipitation

Light  
 Moderate  
 Heavy  
 N/A  
 Unknown

### Type of Precipitation (Check all that apply)

None	Drizzle	Freezing Rain
Rain	Ice Pellets	Snow Shower
Snow	Snow Pellets	Ice Pellets Shower
Hail	Snow Grains	Freezing Drizzle
Rain Showers	Ice Crystals	

### 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

### Icing Forecast

**Amount**

**Type**

None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

### Icing Actual

**Amount**

**Type**

None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

### Turbulence

**Type (Check all that apply)**

None	Severity
Clear Air	Light
Terrain-Induced	Moderate
Convective Turbulence	Severe
	Extreme

**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 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**

**Date of this Report**

\_\_\_\_\_  
*mm/dd/yyyy*

**Name of Pilot/Operator:** \_\_\_\_\_

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

-- *or* --      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

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**

**Reviewed by NTSB Regional Office**

**Name of Investigator**

**Date Report Received**