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

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

BASI	CINFORMA	TION											
Accider	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest (City/Place:				_State: _		Date	e:		Lo	cal Time: _		
ZIP:	(Country:						mm/da	l/yyyy	т:.	ma Zana:		
Latitude:			Longitude:							111	ille Zolle		
	(Enter in decima	l degrees or d	legrees:minutes:sec	conds)			Coll	lision with	Other Air	craft:	Midair	On-groun	d None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:								ped and Co				
Manufacturer:					ļ		Unmanned	al Space Fli l Aircraft	ght				
							Ma	aximum Gr	oss Weigh	t:		lbs	
Serial N	lumber:						We	eight at Tin	ne of Accid	lent/Inci	dent:		_ lbs
Year of	Manufacture:						Nu	mber of Se	ats:		Flight Cre	ew Seats:	
Amateu	ır-Built: Yes		Kit/Plans Mal	ke:			Cab	oin Crew Seat	s:		Passenger	Seats:	
	No		Original Design				Nu	mber of En	gines:				
	ry of Aircraft		irworthiness Ce	rtificate		Landing Gea		7.			Type (Se		15.1
Airpla Ballo		(Check all the Standard				(Check all that		o <i>ly)</i> ictable			procating o Shaft		d Rocket Rocket
	/Dirigible	Norma	l Restric			Tricycle	cona		ailwheel		o Prop		id Rocket
Glide Gyroj		Aeroba Balloo				•					o Jet	None	
Helic		Comm				Amphibiar Emergency	C			Turbo Fan Unknown Electric		lOWII	
Powe Rocks	red Lift	Transp Utility			t	Float		SI		sol.			
Ultral		Othity		Light-Spo mental Ligl		Hull			ci/Wheel		• •	(Reciprocation	<u> </u>
Unknown Certificate of Authorization or Waiver (COA)			Other Lau	nch/l	Recovery Sys	stem	Carb	uretor	Fuel-	Injected			
None Unknown None				None			nknown				~.		
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow Horse	ower or	Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	lbs of		(hours)	(hours)	(hours)
Eng. 1							-						
Eng. 2 Eng. 3							-						
Eng. 4							-						
	spection Type			Propell	er 1	Fixed Pi	11 opener =						
100-H		inuous Airwo	rthiness				ollable Pitch Controllable Pitch d Adjustable Ground Adjustable						
AAIP		ditional Inspec		Manufacturer:					Manı	ıfacturer:		Ground Augus	
Annua	al Unkı	nown							Mode	- el:			
Date La	ast Inspection:	mm/dd/yy		ELT In:	stalled:	Yes 1	No					Check all that	
Airfran	ne Total Time:			If Yes:					AD				11 17
	s measured at (S					er:			II .	frame Para	chute ck Indicato	ır	
L	ast Inspection	Time of A	ccident/Incident			.:	C91-	a (121.5 MH:	Aut	opilot			
Type of Maintenance Program (Select one) TSO No.: C91 (12 C126 (40				(406 MHz)	C)1.	a (121.3 Will	Dat	a Recorde		Handheld De	vice		
Annual Was FLT still mour				unted in aircraf	ft?	Yes No	Elec	etronic Mu	ltifunction	Display			
Manufacturer's Inspection Program Was ELT still connected to						Yes No	, ,	ctronic Pri idheld GPS	mary Fligh S	t Display			
	Approved Inspec		(AAIP)	If active		? Yes N	No		Hea	ds Up Dis	play		
	nuous Airworthin, specify:	ess		v		ocating Aircraf	ft:	Yes No		oard Wea	ther cing Device	e	
	tion of Fire Ex	tinguishing	System	If not ac	ctivated:				Stal	l Warning	System		
None	;	_ 3	-	Indicate	Reason:	Impact Dan				eo Record er, Specify	ing Device	:	
Spec	шу.					Fire Damag Battery Exp		/Damaged	J Can	ci, opecity			
						Unknown							

	DRMATI	ION						
Registered Aircraft Owner				City:				
Name:				State:	ZIP:			
	Yes No			Country:				
•	ie As Registe			Same Address as Registered Owner				
Name:								
Doing Business As:				State:	ZIP:			
Air Carrier/Operator Designator (4)	Character C	Code):		Country:	 			
Operating Certificates Held (Check all that apply)	R	Regulation Flight Condu	cted Under	Revenue Operation for FA (Select one for each group)	AR 121, 125, 129, 135			
None Flag Carrier Operating Certificate (FA Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	R 121)	FAR 91 FAR 129 FAR 103 FAR 133 FAR 121 FAR 135 FAR 125 FAR 137 FAR 91 Special Flight Non-US, Commercial	FAR 415 FAR 431 FAR 435 FAR 437	Scheduled or Commuter Non-Scheduled or Air Tax Passenger Cargo Mail Contract Only	Domestic i International			
On-Demand Air Taxi (FAR 135)		Non-US, Non-commercial		Mail Contract Only				
Commercial 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 Non-OS, Non-Commercial Public Aircraft (Select one) Armed Forces Federal State Local Unknown		Armed Forces		Purpose of Flight for FAR (Select one)	1.91, 103, 133, 137 Firefighting Unknown			
			Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	Flight Test Glider Tow Instructional Other Work Use Personal Positioning				
Revenue Sightseeing Flight	A	ir Medical Flight		External Load Ferry	Skydiving			
Yes No		Yes No						
AIRPORT INFORMATION	(Fill in if ac	ccident/incident occurre	d on approac	ch. landing, takeoff, departure	e. or within 3 miles of an airport)			
Airport Name:			1 171	istance From Airport Center	:sm			
Airport Identifier				Aina Enam Aina				
Airport Identifier: Off Airpo	t/Airstrin		Di	rection From Airport:	degrees true			
Airport Identifier: Off Airpo	t/Airstrip	On Airport/Airstrip	Di	rection From Airport:	degrees true			
	t/Airstrip		N/A Di		degrees true ft. msl			
Proximity to Airport: Off Airpo			N/A Ai Cou	irport Elevation: ndition of Runway/Landing Dry Snow-Co	degrees true ft. msl Surface (Check all that apply) pmpacted Water-Calm			
Proximity to Airport: Off Airpo Runway Information	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft	rport Elevation:	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice	gth: all that apply Macadam Metal/Wo Snow	On Airport/Airstrip ft Width:	N/A Ai Cool ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet on Unknown Low Approach Go Around Aborted Landing (after touchdown)			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Coo ft S ament Approach	ndition of Runway/Landing Dry Snow-Co Holes Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final Crosswind	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:	On Airport/Airstrip ft Width:	N/A Ai N/A Con ft S Interpretation of the second of th	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation h Downwind Base Grinal Crosswind TR Approach (Check all that a	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft S where the state of the	mdition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final Crosswind TR Approach (Check all that approach) R Approach (Check all that approach)	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm water-Choppy Water-Glassy et Wet Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:all that apply Macadam Metal/Wo Snow elect one) ture ure Procedur	On Airport/Airstrip ft Width:	N/A Ai N/A Con ft S Interpretation of the second of th	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation h Downwind Base Grinal Crosswind TR Approach (Check all that a	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			

"FLIGHT CREWMEI	MBER 1" INFOR	MATION	1							
"Flight Crewmember 1" F	-									
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor C	heck Pilot	Fligh	nt Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		es No								
"Flight Crewmember 1" I										
First Name:										
Middle Initial:					tate:			ZIP:		
Last Name:					Country:					
Age at time of	of Accident/Incident: _					<i>m</i>	m/dd/yyyy			
	ı	Cert	ificate Numbe							
Degree of Injury	Seat Occupied	Б	** 1	Res	traint Ty	pe			Inflatable F	Restraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknown		Available None Lap o		Used None Lap onl	v	Not Installed	
Pilot Certificate(s) (Check	all that apply)				3-poir		3-point	,	Not Dep	oloyed
		nercial	US Milit	ary	4-poir 5-poir		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		e Transport Engineer	Foreign		Unkn		Unknov	vn	Chillet	· II
Student Sport	, Ingh	Engineer								
Principal Occupation	Medical Certificate			Med	dical Cer	tificate Va	lidity		Date of Las	t Medical
Pilot	None Class Class 1 Driv		(C + D'I +			nitations/wai		nknown		
Other Unknown	5111	er's License nown	e (Sport Pilot or		vitn iimita pecial Isst	tions/waiver: lance	S IN	/A	mm/dd/yy	
Medical Certificate Limita					-			1		
35 11 10 10 10 10										
Medical Certificate Specia	ii Issuance									
D. CI. (El' I. D.)		FH 1 / P		0.						
Date of Last Flight Review or Equivalent, Including	V	_	Review Aircra							
FAR 121/135 Checks:										
	mm/dd/yyyy	Model: _								
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		Instrumen (Check all th)	(Check all	r Rating(s)			
None	None		None			None			Instrument .	Airplane
Single-Engine Land	Airship		Airplane			Airplan	e Single-Eng		Instrument	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopto Powered			Aırplan Gyropla	e Multi-Engii ine	ne	Helicopter Glider	
Multiengine Sea	Gyroplane					Powere			Sport	
	Helicopter Powered Lift									
Type Ratings	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			Student E	Endorsemen	nts (Include	dates)	
			Airplane			Inot	rument			
Flight Time (Enter appropriation number of hours in each box)		s Make Model	Single	Airplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	Ancian &	,10uci	Engine	aiucngme	ragnt	Actual	Simulated	Rotorciait	Gildei	I Hall /MI
Pilot in Command (PIC)						1				
Time as Instructor						1				
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours							1			

"FLIGHT CREWMEN	MBER 2" INFOR	<u>MATION</u>	1							
"Flight Crewmember 2" R	-									
Pilot Co-Pilot	Student Pilot	Flight Instr		Check Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" w		es No	0							
"Flight Crewmember 2" Io										
First Name:						sidence:				
Middle Initial:					ate:		Z	IP:		
Last Name:										
Age at time of	f Accident/Incident:		Date of Birt	h:		mm	/dd/yyyy			
		Certif	ficate Numbe							
Degree of Injury	Seat Occupied	F .	** 1		traint T	ype			Inflatable R	estraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknowr	1	Availab None Lap	2	Used None Lap only	,	Not Inst	
Pilot Certificate(s) (Check	all that apply)				3-po		3-point	′	Not Dep	
		nercial	US Mili	tary	4-po		4-point		Deploye Unknow	
Private Recre Student Sport		e Transport t Engineer	Foreign		5-po Unkı	nown	5-point Unknow	'n	Ulikilow	11
Student Sport	1 light	Engineer								
Principal Occupation	Medical Certificate			Med	lical Ce	rtificate Val	lidity		Date of Las	t Medical
Pilot	None Class		. (C+ D:1-+ -			mitations/waiv		nknown		
Other Unknown		nown	e (Sport Pilot o	3/	pecial Iss	ations/waivers suance	i N	/A	mm/dd/yy	yy
Medical Certificate Limita								I		
Medical Certificate Specia	l Issuance									
D. C. C. C. C. L. D. C.		EU L D								
Date of Last Flight Review or Equivalent, Including	V	Flight R	leview Aircr	att						
FAR 121/135 Checks:	· · · · · · · · · · · · · · · · · · ·									
	mm/dd/yyyy	Model: _	1							
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		(Check all t	nt Rating(s))	Instructor (Check all th				
None	None		None None	11 27		None None			Instrument A	irplane
Single-Engine Land	Airship		Airplane	e		Airplane	Single-Engin	e	Instrument H	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopi Powered			Airplane Gyroplan	Multi-Engine	;	Helicopter Glider	
Multiengine Sea	Gyroplane		Towered	ı Liit		Powered			Sport	
	Helicopter Powered Lift									
Type Ratings	Towered Ent					Student Er	ıdorsement	s (Include d	lates)	
, r · · · · g ·								(,	
			Airplane		<u> </u>	_			1	
Flight Time (Enter appropri		s Make	Single	Airplane			rument	D	GW 1	Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)									1	
Time as Instructor									1	
This Make/Model										
Last 90 Days										
Last 30 Days									1	
Last 24 Hours									1	

ADDITIONAL FLIGH	T CREWMEMI	BERS (E	cclusive of cabin cr	ew, complete	the following	g information)		
Crew Name and Address	1					Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		State:	f Residence:	ZIP:		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Chec. None Private Student	k all that apply) Flight Instructor Recreational Sport	Airli		Military reign		Restraint Typ Available None Lap Only 3-point 4-point	** *	Inflatable Restraints Not Installed Installed Not Deployed
Type Rating/Endorseme Accident/Incident Aircra			Total Flight Time and this Accident/Inc		hrs	5-point Unknown	5-point Unknown	Deployed Unknown
Crew Name and Address	1					Seat Occupie		Injury
First Name: Middle Initial: Last Name:		State:	f Residence: y:	ZIP:		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
None Private Student Type Rating/Endorseme Accident/Incident Aircra	Flight Instructor Recreational Sport nt for ift? Yes	Airlii Fligh	e Transport Fo. Engineer Fotal Flight Time a f this Accident/Inc	ident:		Restraint Typ Available None Lap Only 3-point 4-point 5-point Unknown	** *	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) / OT	HER PERSOI	NNEL (Ir	clude cabin crew; c	ontinue on s	eparate sheet	t if necessary)	Inflatable	T
Name and Address			Seat	Injury	Restraint T	ype	Restraints	Age
First Name: Middle Initial: Last Name: Crew	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: Middle Initial: Last Name: Crew	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: Middle Initial: Last Name:	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years
First Name:	City :		Left Center	None	Available None Lap Only	Used None Lap Only	Not Installed Installed	Under 5 years

FLIGHT ITINERARY I	NFORMATIO	V						
Last Departure Point	Tim	e of Departure	Destination	on		Type Flight	t Plan Fil	ed
Airport ID:		-	Airport ID:			None		VFR/IFR
City:	Time	:				Company		IFR
		Zone:				Military V VFR	/FR	Unknown
State:		2010				Activated?	Yes	No Unknown
Country:	•		Country:			Activateu.	103	140 CHKHOWH
Type of ATC Clearance/Serv			-:-1 TED		VED Eli-la E-II		Ci	
None VFR	Special VFR IFR	VF	ecial IFR R On Top		VFR Flight Follo Traffic Advisory	-	Cruise Unkno	wn / NA
Airspace where the accident							Altitude	e of In-Flight
	Class G Demo Area		itary Operations port Advisory A	` /	Special Air Traffic Conti	rol Area	Occurr	ence:
	Warning Area		Training Area	ica	Unknown	ioi z iiea		ft msl
	Prohibited Area	TRS						
	Restricted Area		R 93					
WEATHER INFORMA		ACCIDEN	T/INCIDEN			•		
Source of Pilot Weather Info (Check all that apply)	ormation				ervation Facility			
National Weather Service	Com	nany						
Flight Service Station	Milit	1 2		Observation Tim	ne:			
TV/Radio	Inter			Time Zone:				
Automated Report Commercial Weather Service	None (DUATS) Unkr			Distance from A	ccident Site:		_ nm	
On-Board Weather	(DOMIS) CIRI	lowii		Direction from A	Accident Site:		_degrees ti	rue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark 1	Night Un	known		
IMC Unknown		Day	Night	Bright	t Night			
Sky/Lowest Cloud Condition		Ceiling			Temperature:		C) or	(F)
Clear	Thin Broken	None (Clear))	Obscured				
Few	Thin Overcast	Broken		Indefinite	Dew Point: _	(C)	or	(F)
Partial Obscuration Scattered	Unknown	Overcast	east Unknown Altim			ing:	in. H	g
Lowest Cloud Condition He	ight.	 Ceiling Heigh	.+			or		
				ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
Variable	Calm		Not Gustin	ng	RVR	:	feet	
	Light and Varia	ıble				:		
-0r-	-or-	kts	-or-	1sta				0
Direction:degrees true	Speed:		Speed:	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipita				Restriction to	-		it apply)
Light Moderate	None Rain	Drizzle Ice Pellets	Freezing Snow S		None Blowing Du		og round Fog	
Heavy	Snow	Snow Pellet		ets Shower	Blowing Sa		aze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals	1		Blowing Sp Dust		moke nknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check a	ll that apply)	Seve	
None N/A Trace Rime		None Trace	N/A Rime		None Clear Air			ight Ioderate
Light Clear		Light	Clear		Terrain-Indu	ıced		evere
Moderate Mixed		Moderate	Mixe		Convective '	Turbulence	Ez	xtreme
Severe Unknow Unknown	n	Severe Unknown	Unkn	nown				
NOTAMs (D and FDC), A	ARMETs, SIGN	IETs, PIREPS	s in effect at	the time of the	e accident/inci	dent:		

DAMAGE TO AIRCRAFT A	ND OTHER PRO	PERTY		
Aircraft Damage	Aircraft Fire		Aircraft Explosion	
None Substantial Minor Destroyed Unknown	None In-Flight On-Ground	Both Ground and In-Flight Fire at Unknown Time Unknown	None In-Flight On-Ground	Both Ground and In-Flight Explosion at Unknown Time Unknown
Description of Damage to Aircraft a	und Other Property (Use additional sheet if necessary)		
p	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·		
NARRATIVE HISTORY OF FLI	GHT (Please type or	print in ink)		
Describe what occurred in chronolo	ogical order, including	circumstances leading to and n		
wreckage distribution sketch if pertin destination. Provide as much detail as		s if needed. State departure time a	and location, services	obtained, and intended

RECOMMENDATION (How	could this accident/incident have been pre	vented?)	
Operator/Owner Safety Recomm	·	volucu.)	
MECHANICAL MALFUN	NCTION/FAILURE (If more space is n	needed, continue on separate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, many) FUEL & SERVICES INF Fuel on Board at Last Takeoff (Convert from pounds, as necessary) Other Services, if Any, Prior to	ORMATION Fuel Type 80/87 Gallons 100/130 Serial no., and describe the failu		Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours
EVACUATION OF AIRC	RAFT		
		N.	
Was an emergency evacuation Method of Exit – Describe how	of the aircraft performed? Yes the occupants exited and how many occupant	No s evacuated each location	
OTHER AIRCRAFT - C	OLLISION (If air or ground collision occ	curred, complete this section for other air	rcraft)
Aircraft Registration Number	Manufacturer:		Damage to Other Aircraft Destroyed Minor Substantial None
Registered Owner of Other Air	craft	Pilot of Other Aircraft	
City:ZIP:ZIP:		Name:	
Country:		Country:	

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator:		
	Signature	:		
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	an Pilot/Op	erator is Filing Report		
			Title:	
		electronically sign this document		
		FOR NTSB	LISE ONLY	
NTSB Accident/Incident	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
				•