

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**
This form To Be Used For Reporting Civil Aircraft Accidents
Involving Commercial and General Aviation Aircraft

Location						
Nearest City/Place, State, Zip Code <i>Port Allen, Louisiana 70767</i>		Date of Accident <i>7/29/02</i>	Local Time (24 HOUR CLOCK) <i>10:30 AM</i>	Zone <i>Central</i>	Elevation At Accident Site <i>70ft</i> Feet MSL ____ Feet MSL	
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information						
Proximity To Airport						
1. <input type="checkbox"/> On Approach		3. <input type="checkbox"/> Within 1/2 Mile		5. <input type="checkbox"/> Within 1 Mile		7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile		4. <input type="checkbox"/> Within 3/4 Mile		6. <input type="checkbox"/> Within 2 Miles		8. <input type="checkbox"/> Beyond 3 Miles
Airport Name		Airport Ident	Runway/Landing Surface Conditions:			
			1. <input type="checkbox"/> Direction:	3. <input type="checkbox"/> Width:	5. <input type="checkbox"/> Condition:	
			2. <input type="checkbox"/> Length:	4. <input type="checkbox"/> Surface:		
Phase Of Operation:						
1. <input type="checkbox"/> Standing		3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach	9. <input type="checkbox"/> Hover/Maneuver	
2. <input type="checkbox"/> Taxi		4. <input type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing	10. <input type="checkbox"/> Altitude Of In-Flight Occurrence _____ Feet MSL	
Aircraft Information						
Registration Mark <i>N48523</i>		Aircraft Manufacturer <i>Grumman Ag Cat</i>		Aircraft Type/Model <i>G-164A</i>		Serial Number <i>1659</i>
Type Of Aircraft		Type Of Airworthiness Certificate			Amateur Built	
1. <input checked="" type="checkbox"/> Airplane		5. <input type="checkbox"/> Blimp/Dirigible	1. <input type="checkbox"/> Normal	5. <input checked="" type="checkbox"/> Restricted	1. <input type="checkbox"/> Yes	
2. <input type="checkbox"/> Helicopter		6. <input type="checkbox"/> Ultralight	2. <input type="checkbox"/> Utility	6. <input type="checkbox"/> Limited	2. <input checked="" type="checkbox"/> No	
3. <input type="checkbox"/> Glider		7. <input type="checkbox"/> Gyroplane	3. <input type="checkbox"/> Acrobatic	7. <input type="checkbox"/> Experimental		
4. <input type="checkbox"/> Balloon		8. <input type="checkbox"/> Specify _____	4. <input type="checkbox"/> Transport	8. <input type="checkbox"/> Specify _____		
Landing Gear						No. Of Seats
1. <input type="checkbox"/> Tricycle—Fixed		4. <input type="checkbox"/> Tailwheel—Retractable		7. <input type="checkbox"/> Skid		Flight/Cabin
2. <input type="checkbox"/> Tricycle—Retractable		5. <input type="checkbox"/> Tailwheel—Retractable Mains		8. <input type="checkbox"/> Limited		Crew _____
3. <input checked="" type="checkbox"/> Tailwheel—Fixed		6. <input type="checkbox"/> Amphibian		9. <input type="checkbox"/> Specify _____		Pax _____
Stall Warning System Installed		IFR Equipped	Engine Type			
1. <input checked="" type="checkbox"/> Yes		1. <input type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	3. <input type="checkbox"/> Turbo Prop	5. <input type="checkbox"/> Turbo Fan	
2. <input type="checkbox"/> No		2. <input checked="" type="checkbox"/> No	2. <input type="checkbox"/> Reciprocating—Fuel Injected	4. <input type="checkbox"/> Turbo Jet	6. <input type="checkbox"/> Turbo Shaft	
Engine Manufacturer <i>Patt + Whitney</i>		Engine Model/Series <i>1340 AN1</i>		Engine Rated Power		Type Of Fire Extinguishing System Used
				1. <i>600</i> Horsepower		1. <input checked="" type="checkbox"/> None
				2. _____ Lbs Thrust		2. Specify _____
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time		Time Since Inspection	Time Since Overhaul
Engine No. 1			<i>450</i> Hours		Hours	Hours
Engine No. 2			Hours		Hours	Hours
Engine No. 3			Hours		Hours	Hours
Engine No. 4			Hours		Hours	Hours
Type Of Maintenance Program			Type Of Last Inspection		Date Last Inspection Performed	
1. <input checked="" type="checkbox"/> Annual			1. <input checked="" type="checkbox"/> Annual		<i>07/02/02</i> (M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program			2. <input type="checkbox"/> 100 Hours		Time Since Last Inspection	
3. <input type="checkbox"/> Other Approved Inspection Program(AAIP)			3. <input type="checkbox"/> AAIP		<i>35</i> Hours	
4. <input type="checkbox"/> Continuous Airworthiness			4. <input type="checkbox"/> Continuous Airworthiness		Airframe Total Time	
5. <input type="checkbox"/> Specify _____					<i>6800</i> Hours	
Emergency Locator Transmitter (ELT)	ELT Manufacturer		Model/Series		Serial Number	Battery Date (M/D/Y)
	Switch		Operated		Aided In Accident Location	
	1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner <i>Ewing Flying Service, LLC</i>			Address <i>9288 Airport Dr. New Roads, La 70760</i>			
Operator Of Aircraft			Address			
1. <input checked="" type="checkbox"/> Same As Registered Owner			1. <input checked="" type="checkbox"/> Same As Registered Owner			
2. Name			2. _____			
3. DBS:						

Owner / Operator Information (cont.)

Operator (Certificate Number) 40282530 EDT 6173K	Operator Designator (4 Letter Designator) KHZR
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Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input checked="" type="checkbox"/> FAR 137	Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter FAR 129 8. <input type="checkbox"/> Foreign	FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input checked="" type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning		

Pilot Information

Pilot Name Daniel L. Ewing Jr	Pilot Certificate No. [REDACTED]	Address New Roads, La 70760	Nationality
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Certificate (s)

1. <input type="checkbox"/> Student	3. <input checked="" type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. <input type="checkbox"/> None
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input checked="" type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane	Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	Instructor Rating (s) 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____
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Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y) 07/09/02	BFR Aircraft 1. Make 6164 2. Model B
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Medical Certificate 1. <input type="checkbox"/> None 3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3	Date Of Last Medical (M/D/Y) 01/03/2002	Limitations None	Date Of Birth (M/D/Y) [REDACTED] / 15
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Degree Of Injury 1. <input type="checkbox"/> None 2. <input checked="" type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal	Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input checked="" type="checkbox"/> Center	Person At Controls At Time Of Accident 1. <input checked="" type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots	Seat Belt Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No
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Seat Belt Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Available 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Used 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	Source Of Pilot Flight Time Information 1. <input checked="" type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1610	150	700		39	1.1	910			
Pilot In Command (PIC)	1550									
Instructor										
This Make & Model										
Last 90 Days	75	75								
Last 30 Days	20	20								
Last 24 Hours	0	0								

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident

1. <input type="checkbox"/> Co-Pilot	2. <input type="checkbox"/> Dual Student	3. <input type="checkbox"/> Safety Pilot	4. <input type="checkbox"/> Check Pilot	5. <input type="checkbox"/> None (Pilot-Rated Passenger)
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Pilot Name	Pilot Certificate No.	Address	Nationality
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Certificate (s)

1. <input type="checkbox"/> Student	3. <input type="checkbox"/> Commercial	5. <input type="checkbox"/> Flight Instructor	7. <input type="checkbox"/> Military	9. None _____
2. <input type="checkbox"/> Private	4. <input type="checkbox"/> Airline Transport	6. <input type="checkbox"/> Flight Engineer	8. <input type="checkbox"/> Foreign	10. Specify _____

Second Pilot Information (cont.)

Rating (s)		Instrument Rating (s)		Instructor Rating (s)	
<input type="checkbox"/> None	<input type="checkbox"/> Helicopter	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Instrument Airplane
<input type="checkbox"/> Single Engine Land	<input type="checkbox"/> Glider	<input type="checkbox"/> Airplane	<input type="checkbox"/> Airplane S.E.	<input type="checkbox"/> Airplane S.E.	<input type="checkbox"/> Instrument Helicopter
<input type="checkbox"/> Single Engine Sea	<input type="checkbox"/> Free Balloon	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Airplane M.E.	<input type="checkbox"/> Airplane M.E.	<input type="checkbox"/> Ground Instructor
<input type="checkbox"/> Multiengine Land	<input type="checkbox"/> Airship		<input type="checkbox"/> Helicopter	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Specify _____
<input type="checkbox"/> Multiengine Sea	<input type="checkbox"/> Gyroplane		<input type="checkbox"/> Glider		

Type Ratings/Student Endorsements		Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft 1. Make _____ 2. Model _____
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Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y)	Limitations Waivers	Date Of Birth (M/D/Y)
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Degree Of Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear			Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
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Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records	4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Total In Command (PIC)										
As Pilot										
As Co-Pilot										
As Observer										
As Instructor										
As Student										
As Other										
As Pilot										
As Co-Pilot										
As Observer										
As Instructor										
As Student										
As Other										

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None		

Flight Itinerary Information			
1. Airport ID <u>KH2R</u>	1. Time <u>10:00 am</u>	1. Airport ID <u>KH2R</u>	1. <input type="checkbox"/> None
2. City/Place <u>New Roads</u>	2. Time Zone <u>Central</u>	2. City/Place <u>New Roads</u>	2. <input type="checkbox"/> VFR
3. State <u>Louisiana</u>		3. State <u>Louisiana</u>	3. <input type="checkbox"/> IFR
			4. <input type="checkbox"/> VFR/IFR
			5. <input type="checkbox"/> Company (VFR)
			6. <input type="checkbox"/> Military (VFR)

Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Fuel On Board At Last Takeoff <u>80</u> Gallons or Pounds	Fuel Type 1. <input type="checkbox"/> 80/87 4. <input type="checkbox"/> 115/145 7. Specify _____ 2. <input checked="" type="checkbox"/> 100 Low Lead 5. <input type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130 6. <input type="checkbox"/> Automotive
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Other Services, If Any, Prior to Departure

Weather Information At The Accident Site			
Source Of Weather Information Pilot/Operator, Weather Observation <u>Pilot</u>	Light Condition 1. <input type="checkbox"/> Dawn 3. <input type="checkbox"/> Dusk 5. <input type="checkbox"/> Dark Night 2. <input checked="" type="checkbox"/> Daylight 4. <input type="checkbox"/> Bright Night	Visibility <u>10</u> Miles	Temp (°F) <u>87</u>

Weather Information At The Accident Site (cont.)			
Dew Point 87 (°F)	Altimeter Setting "Hg	Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Scattered _____ Feet AGL <input type="checkbox"/> Broken _____ Feet AGL <input type="checkbox"/> Overcast _____ Feet AGL <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Obscured	
Wind Information 1. Direction <u>South</u> 2. Velocity <u>7</u> Kts 3. Gusts <u>8</u> Kts	Restriction To Visibility	Type Precipitation	Intensity Of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate 4. Specify _____
Turbulence (Multiple Entry) <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Clean Air <input type="checkbox"/> In Clouds			
Damage To Aircraft And Other Property			
Degree Of Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Destroyed			Fire <input type="checkbox"/> Yes <input type="checkbox"/> In-Flight <input checked="" type="checkbox"/> No <input type="checkbox"/> On Ground
Description Of Damage To Aircraft And Other Property <i>The airplane was destroyed, and property damage was about 1/2 ac of soy beans</i>			
Mechanical Malfunction Failure			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure		Total Time	
		On Part _____ Hours	At Overhaul _____ Hours
Collision Accident			
If Collision Accident Occurred, Complete The Information For Other Aircraft			
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Aircraft Owner		Address	
Pilot Name	Address		Pilot Certificate No.
Evacuation Of Aircraft			
Assistance Received <input type="checkbox"/> Outside Person (s) <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Auxiliary Lighting <input type="checkbox"/> Rope <input type="checkbox"/> Specify _____			
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following 1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____			
Recommendation (How Could This Accident Have Been Prevented)			
Operator/Owner Safety Recommendation (Optional Entry)			

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address _____ _____	Title
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Certificate(s)
1. Student 3. Commercial 5. Flight Instructor 7. Foreign
2. Private 4. Airline Transport 6. Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____ _____	Title
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Certificate(s)
1. Student 3. Commercial 5. Flight Instructor 7. Foreign
2. Private 4. Airline Transport 6. Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Name	FAA Certificate No.	Address _____ _____	Title
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Certificate(s)
1. Student 3. Commercial 5. Flight Instructor 7. Foreign
2. Private 4. Airline Transport 6. Flight Engineer 8. Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident
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Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I took off of the New Roads Airport with a 50 ac load. I made it to the field and sprayed about 40ac. I started to spray another field I had made two passes and was starting the third pass. I had lined back up for the third pass. The airplane ~~at~~ snapped hard to the left and went into a spin. I was about 450 ft off of the ground. I made 1 complete spin and started a second. I was able to get out of the spin but it was too late. I hit the ground at a 45° angle and the airplane was destroyed. I had minor injuries, No broken bones.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

08/12/02

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

F7W02LA221

Reviewed By NTSB Office Located At

ARLINGTON, TX

Name Of Investigator

Roach

Date Report Received

08/15/02

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1/2
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration. Flight Standards District Offices.

Rules pertaining to aircraft accident, accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operations.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person suffers death, or serious

injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

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

3. "Demolished" includes destruction by fire

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

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

6. "Serious Injury" means any injury which (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 finger, toes, or nose); (3) involves lacerations which cause 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.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

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

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred. *Date & Time:* Indicate if daylight saving or standard time.

Elevation: Provide elevation of the accident site.

Airport Identification: Provide 3 or 4 character identifier. *Runway:* Direction—heading being used; Surface—composition, i.e., concrete asphalt, grass, etc.; Condition—wet, slick, soft, etc.

Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred inflight, state the altitude of the occurrence.

Item 2. Aircraft Data: Make and Model—enter as shown on aircraft registration certificate; Engine—enter make and model as shown on engine nameplate.

Certificated Max Gross Weight—Indicate the certificated max gross weight for the aircraft involved in the occurrence.

Type of Fire Extinguishing system— Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information — Pilot-in-Command (PIC) Includes solo flight time. Instructor—indicate all dual flight instructor given.

Item 5. Second Pilot Information—Indicate the capacity in which the second pilot was acting at the time of the accident.

Item 6. Self-Explanatory.

Item 7. Self-Explanatory.

Item 8. Weather Information at the Accident Site. Indicate the weather conditions at the accident site at the time of occurrence.

Sky/Lowest Cloud Condition: If cloud condition was scattered, broken or overcast, include height of clouds above ground level.

Restriction to Visibility: Haze, dust, smoke, fog, etc.

Type Precipitation: Rain, snow, hail, etc.

Item 9. Collision Accident. This includes collision with parked aircraft.

Item 10-14. Are self-explanatory.

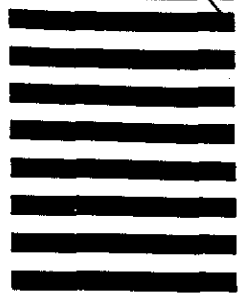
Item 15. Additional Flight Crew Members. This page should be completed if there are more than two required flight crew members on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, and there were not other required flight crew members involved, separate this page.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY
FIRST-CLASS MAIL PERMIT NO. 99055 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE



**NATIONAL TRANSPORTATION SAFETY BOARD
DFW REGIONAL OFFICE
624 SIX FLAGS DRIVE, SUITE 150
ARLINGTON, TX 76011**

(FOLD AND TAPE CLOSED BEFORE MAILING)

FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) FIELD OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Field Offices are located in the following cities:

- | | |
|----------------|-----------------|
| Anchorage, AK | Los Angeles, CA |
| Atlanta, GA | Miami, FL |
| Chicago, IL | Parsippany, NJ |
| Denver, CO | Seattle, WA |
| Fort Worth, TX | Washington, DC |

The complete mailing address of NTSB Field Offices are listed under "U.S. GOVERNMENT" in the telephone directories of the opposite listed cities. However, if a complete mailing address is not available, address the form as follows:

**NATIONAL TRANSPORTATION SAFETY BOARD
Bureau of Accident Investigation**

(Enter City and State of Nearest Field Office)