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

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

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

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

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

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

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

A. APPLICABILITY

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

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

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

B. DEFINITIONS

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

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

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

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

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

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet of paper.

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

DateDime: Indicate the date and local time of the event. Be sure to indicate the time zone.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Airport Identifi^/: Provide the official 3 or 4 character airport identifier number.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

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			····	<u> </u>			-						
	t/Incident Loc						A	cident/Incid	ent Date/	Fime			
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							Da	te:	l/yyyy	L0	cai i inte		
ZIP: Country: Latitude: Longitude:								Ti	me Zone: _				
			legrees:minutes:see				C	ollision with	Othon Ain	anaft.	Midair	On aroun	d None
,	(C	Diffsion with	Other Air	crait:	wituali	On-groun	d None
AIRCR	AFT INFO	RMATIO	N				1						
Registra	tion Number:								ped and Ce				
Manufac	cturer:							Unmanned	al Space Fli l Aircraft	ght			
Model: _							Μ	laximum Gr	oss Weigh	t:		lbs	
Serial Nu	umber:							eight at Tin					lbs
Year of N	Manufacture:						N	umber of Se	ats:		Flight Cre	ew Seats:	
Amateur	r- Built: Yes	If Yes:	Kit/Plans Ma	ke:				abin Crew Seat					
	No		Original Design				N	umber of En	gines:				
Category	y of Aircraft	• •	irworthiness Ce	ertificate		Landing Ge				Engine	e Type (Se		
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	n Dirigible	Norma		ted			Ret				o Shaft o Prop		id Rocket
Glider	C	Aerob				Tricycle		13	ailwheel		o Jet	None	
Gyropl Helicop		Balloo					Amphibian High Skid Turbo Fan Un					Unkn	own
Powere		Comm Transp	1	-		Emergenc Float	cy F	loat SI	cid ci	Elec	tric		
Rocket	İ.	Utility	1	l Light-Spo	ort	Hull			ci/Wheel	Fuel Sv	stem Tyne	(Reciprocatii	1 0)
Ultralight Experimental			mental Lig	ht-Sport	Other I a	unch/Recovery System Carburet			••	••• •			
Certificate of Authorization or Waiver (COA)				uner			curo	areter	i dei	injected			
		None		Unknown	1	None			nknown Rated Pow		Total	T:	Since:
			Engine		Manuf	acturer's		Date of Mfg.		ower or		Inspection	
	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1													
Eng. 2													
Eng. 3													
Eng. 4				Propell	er 1	Fixed P	Pitch	1	Pron	eller 2		Fixed Pitch	
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	e Total Time:		hrs	If Yes: ELT Ma	nufactur	er:				frame Para			
	measured at (S st Inspection		ccident/Incident	Model or	r Part No	.:					ck Indicato	r	
	1					(121.5 MHz)		91a (121.5 MHz		opilot a Recorde	r		
Type of Maintenance Program (Select one) C126 (406 MHz)				6 (406 MHz)						Handheld De	vice		
Annual Conditional (Amateur-built only) Was ELT still mounted in airc						Yes No	E1-		Itifunction				
Manufacturer's Inspection Program Was ELT still connected to ant						? Yes No		dheld GP	mary Fligh S	t Display			
	Approved Inspec		(AAIP)			e? Yes	No			ds Up Dis			
	uous Airworthin specify:	ess		If active Did ELT		ocating Aircra	ft:	Yes No		oard Wea		-	
	ion of Fire Ex	tinguishing	System		ctivated:				Salo	l Warning	king Devic System	5	
None	AON OF FILT EA	unguisining	system	Indicate		Impact Da	mag	te	Vid	eo Record	ing Device	:	
Specif	ý:					Fire Dama	ge	·	Oth	er, Specify	y:		
						Battery Ex Unknown		d/Damaged					
				1		UIKIIOWI							

OWNER/OPERATOR INFORM	ATION					
Registered Aircraft Owner		City:				
Name:		State: ZIP:				
Fractional Ownership Aircraft: Yes		State Zh : Country:				
-	gistered Owner	Same Address as Registered Owner				
-	-	City:				
Name: Doing Business As:						
Air Carrier/Operator Designator (4 Charact						
All Carrier/Operator Designator (4 Charact	er code)	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	InderRevenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129)	FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR	R 431 Non-Scheduled or Air Taxi International				
Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	FAR 91 Special Flight Non-US, Commercial	Cargo Mail Contract Only				
On-Demand Air Taxi (FAR 135)	Non-US, Non-commercial	· · · · · · · · · · · · · · · · · · ·				
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	Public Aircraft <i>(Select one)</i> Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		Aerial ApplicationFirefightingUnknownAerial ObservationFlight TestAir DropGlider TowAir Race/ShowInstructionalBanner TowOther Work UseBusinessPersonalExecutive/CorporatePositioning				
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydiving Ferry				
Yes No	Yes No	Tony				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Airport Identifier:						
Proximity to Airport: Off Airport/Airstri	p On Airport/Airstrip N/A	_ Direction From Airport: degrees true				
	r	Airport Elevation:ft. msl				
Runway Information Runway ID: (L/R/C) Length:	ft Width: ft	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm				
Runway/Landing Surface (Check all that of Asphalt Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	adam Water 1/Wood	Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered				
Approach/Departure Segment (Select one)					
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument Ap redure/Clearance Landing	Approach Downwind Low Approach Base Go Around Final Aborted Landing (after touchdown) Crosswind Unknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
None ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling Unknown	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 Unknown				
	Unknowfi	UIIKIIOWII				

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Re Pilot Co-Pilot	sponsibilities at th Student Pilot			ident Check Pilot	Flig	ht Engineer	Other I	Flight Crew		
"Flight Crewmember 1" wa	s pilot flying	Yes N	lo							
"Flight Crewmember 1" Id	entification									
First Name:				C	tity of Re	esidence:				
Middle Initial:										
Last Name:										
	Accident/Incident:			irth:		m	m/dd/yyyy			
0			ertificate Num							
Degree of Injury	Seat Occupied				traint Ty	vne		1	Inflatable F	Pestraints
None Fatal	Left	Front	Unknov		Availabl	-	Used			xesti anits
Minor Unknown Serious	Right Center	Rear Single		1	Avanabi None Lap o		None Lap onl	у	Not Ins Installe	
Pilot Certificate(s) (Check al	ll that apply)				3-poir		3-point		Not Deploy	
6		mmercial	US Mi		4-poii 5-poii		4-point 5-point		Unknov	
Private Recrea Student Sport		line Transpo ght Engineer		n	Unkn		Unknov	vn		
Sport		5	-							
Principal Occupation	Medical Certificat	e		Mee	dical Cer	rtificate Va	lidity		Date of Las	st Medical
Pilot		lass 3	(C) D'1 (nitations/wai		nknown		
Other Unknown		nknown	nse (Sport Pilot		pecial Issi	ations/waivers	S IN	/A	mm/dd/yyyy	
Medical Certificate Special	Issuance									
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	-	: Review Airc							
Airplane Rating(s)	Other Aircraft H		Instrum	ent Rating(s))	Instructo	r Rating(s)			
(Check all that apply)	(Check all that app	ly)	•	l that apply)		(Check all	that apply)			
None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	None Airship Balloon Glider Gyroplane Helicopter		None Airpla Helico Power	pter					Instrument Instrument Helicopter Glider Sport	
T. D. C	Powered Lift							4 7 1 1	7	
Type Ratings						Student P	Luuorsemei	nts (Include)	uates)	
Flight Time (Enter appropriate number of hours in each box)		`his Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)							1		1	
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEN	IBER 2" INFO	RMATIO	N							
"Flight Crewmember 2" R	esponsibilities at th			ident						
Pilot Co-Pilot	Student Pilot	Flight Ins	structor	Check Pilot	Flig	ght Engineer	Other I	light Crew		
"Flight Crewmember 2" w	as pilot flying	Yes N	No							
"Flight Crewmember 2" Id	lentification									
First Name:				Ci	ty of Re	esidence:				
Middle Initial:					-					
Last Name:										
	Accident/Incident:					mn	n/dd/yyyyy			
Age at time of	recident/merdent.		ificate Numb				,, c. c. , , , , , , , , , , , , , , , ,			
Degree of Injury	Seat Occupied				traint T				Inflatable R	ostraints
None Fatal	Left	Front	Unknow	1 2			TT J			
Minor Unknown Serious	Right Center	Rear Single		1	Availab Non Lap		Used None Lap only	7	Not Inst Installed	
Pilot Certificate(s) (Check a	ıll that apply)				3-po	int	3-point		Not Dep	
•		nmercial	US Mil		4-ро 5-ро		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		line Transpor ght Engineer	t Foreign	1		nown	Unknow	'n	Childret	
Shaden Sport	1 11	Zingineer								
Principal Occupation	Medical Certificat	e		Med	lical Ce	ertificate Va	lidity]	Date of Las	t Medical
Pilot		lass 3	(G			imitations/waiv		nknown		
Other Unknown		nknown	se (Sport Pilot		pecial Is	tations/waivers suance	s N	/A		 'YY
Medical Certificate Limita	tions									
Stearcar Oer tineate Elinita										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		0								
FAR 121/135 Checks: _	mm/dd/vyyy	- Model:								
A	Other Aircraft F			$\mathbf{D} = 1^{\mathbf{n}} = 1^{\mathbf{n}}$		Tradicionalis	$\mathbf{D} = 1^{1} = 1 = 1$			
Airplane Rating(s) (Check all that apply)	(Check all that app			ent Rating(s) that apply)		Instructor (Check all th				
None	None		None	inai appiy)		None	ui uppiy)		Instrument A	irplane
Single-Engine Land	Airship		Airplar			Airplane	Single-Engir	e	Instrument H	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicop Powere			Airplane Gyroplar	Multi-Engine		Helicopter Glider	
Multiengine Sea	Gyroplane		Powere	alm		Powered			Sport	
-	Helicopter								1	
Toma Datin as	Powered Lift					Stard and Ea		- <i>(</i> 1 1 1 1	()	
Type Ratings						Student El	ndorsement	s (Include d	ates)	
Flight Time (Factor)	***		Airplane			Inst	rument			_
Flight Time (Enter appropriation number of hours in each box)		This Make & Model	Single Engine	Airplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			Engine		. ugii	- Actual	Simulated	iterent	Giluti	
Pilot in Command (PIC)										
Time as Instructor									1	
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours					1					
	1				1		i	I	I	L

ADDITIONAL FLI		MBERS (E	Exclusive	e of cabin cr	ew, complete	e the followin	g information)			
Crew Name and Add	lress						Seat Occupie	d	Injury	
First Name:		City o	of Resider	nce:			Left	Front	None	
Middle Initial:	State: ZIP:					Center Right	Rear Single	Minor Serious		
Last Name:		Coun	Country:					Unknown	Fatal	
									Unknown	
Pilot Certificate(s) (Check all that apply)						Restraint Tyj Available	pe: Used	Inflatable Restraints	
None	Flight Instructo	1	Commercial US Military				None	None	Not Installed	
Private Student	Recreational Sport		ine Transport Foreign ht Engineer				Lap Only 3-point	Lap Only 3-point	Installed	
Student Sport Figures					4-point	4-point	Not Deployed			
Type Rating/Endors	ement for		Total Fl	ight Time a	t the Time		5-point Unknown	5-point Unknown	Deployed Unknown	
Accident/Incident A	ircraft? Yes	s No	of this A	Accident/Inc	ident:	hrs	Ulkilowii	Clikilown		
Crew Name and Add	Iress						Seat Occupie	d	Injury	
First Name:		City of	of Resider	nce:			Left	Front	None	
Middle Initial:					ZIP:		Center	Rear Single	Minor	
							Right	Unknown	Serious Fatal	
			-						Unknown	
Pilot Certificate(s) (Check all that apply)						Restraint Tyj Available	pe: Used	Inflatable	
None	Flight Instructo	1	mercial		Military		None	None	Restraints	
Private Student	Recreational Sport		ne Transp		reign		Lap Only	Lap Only	Not Installed Installed	
Student Sport Flight Engineer					3-point 4-point	3-point 4-point	Not Deployed			
Type Rating/Endorsement forTotal Flight Time at the Time						5-point	5-point	Deployed Unknown		
Accident/Incident Ai					dent:		Unknown	Unknown	Clikilowi	
TASSENCEN(S)			nciuae c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Lefterelle		
Name and Address	OTTER FERS		nciude c	abin crew; c Seat	ontinue on s Injury	Restraint T	уре	Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T Available	Type Used	Restraints		
Name and Address	City :			Seat Left	Injury None	Restraint T	ype Used None	Restraints Not Installed	Age Under 5 years	
Name and Address First Name: Middle Initial:	City : State:	_ ZIP:		Seat Left Center Right	Injury None Minor Serious	Restraint T Available None Lap Only 3-point	Yype Used None Lap Only 3-point	Restraints Not Installed Installed Not Deployed	Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	_ ZIP:		Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	Yype Used None Lap Only	Restraints Not Installed Installed	Under 5 years I <i>If Under 5</i> , Child Restraint	
Name and Address First Name: Middle Initial:	City : State:	_ ZIP:		Seat Left Center Right	Injury None Minor Serious	Restraint T Available None Lap Only 3-point 4-point	Yype Used None Lap Only 3-point 4-point 5-point	Restraints Not Installed Installed Not Deployed Deployed	Under 5 years	
Name and Address First Name: Middle Initial: Last Name: Crew	City : State: Country: Passenger	_ ZIP: Oth	 her	Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	Ype Used None Lap Only 3-point 4-point 5-point Unknown Used	Restraints Not Installed Installed Not Deployed Deployed	Under 5 years I <i>If Under 5,</i> Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : State: Country: Passenger City :	_ ZIP: Oth		Seat Left Center Right Unknown Row: Left	Injury None Minor Serious Fatal Unknown None	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	Ype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Restraints Not Installed Installed Not Deployed Unknown Not Installed	Under 5 years I <i>If Under 5,</i> Child Restraint Lap-Held	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : State: Country: Passenger City : State:	_ ZIP: Oth	ner	Seat Left Center Right Unknown Row: Left Center Right	Injury None Minor Serious Fatal Unknown None Minor Serious	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Yype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5,	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Middle Initial:	City : State: Passenger City : City : State: Passenger City : State:	_ ZIP: Oth _ ZIP: Oth	ler 	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Left Center Right	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Yype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Not Installed Not Deployed Not Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Middle Initial:	City : State: Passenger City : City : State: Passenger City : State:	_ ZIP: Oth _ ZIP: Oth	ler	Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Left Center Right	Injury None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Yype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew	City : State: City : City : Country: Passenger City : City : State: Country: Passenger City : Passenger City : City : State: City : State:	_ ZIP: Oth _ ZIP: Oth _ ZIP: Oth	ner	Seat Left Center Right Unknown Row: Left Center Right Left Center Right	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Yype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Installed Not Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Middle Initial:	City : State: City : City : Country: Passenger City : City : State: Country: Passenger City : Passenger City : City : State: City : State:	_ ZIP: Oth _ ZIP: Oth _ ZIP: Oth	her	Seat Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Yype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Installed Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years	

FLIGHT ITINERARY II	NFORMATIO	N							
Last Departure Point	Tim	e of Departure	Destination	on		Type Flight	Plan Fil	ed	
Airport ID:	T.		Airport ID:			None		VFR	IFR
City:	1 ime	:				Company V Military V		IFR Unkn	own
State:		Zone:				VFR	Î	Oliki	lowii
Country:						Activated?	Yes	No	Unknown
Type of ATC Clearance/Serv		apply)							
None	Special VFR	Spe	cial IFR		VFR Flight Foll	owing	Cruise		
	IFR		R On Top		Traffic Advisory	I	Unkno	wn / NA	1
Airspace where the accident/							Altitude	e of In-	Flight
	Class G Demo Area		itary Operations port Advisory A		Special Air Traffic Contr	rol Area	Occurre	ence:	-
	Warning Area		Training Area	ica	Unknown	loi Alca			ft msl
Class D	Prohibited Area	TRS							
	Restricted Area		R 93						
WEATHER INFORMA			T/INCIDEN						
Source of Pilot Weather Info	ormation			Weather Obs	ervation Facility				
(Check all that apply) National Weather Service	Com	nany		Facility ID:					
Flight Service Station	Milit			Observation Tim	ne:				
TV/Radio	Inter			Time Zone:					
Automated Report Commercial Weather Service ((DUATS) None			Distance from A	.ccident Site:		nm		
On-Board Weather	(DOMIS) UIK	lowii		Direction from A	Accident Site:		degrees tr	ue	
Basic Conditions		Light Conditi	ion						
VMC		Dawn	Dusk		0	iknown			
IMC Unimersion		Day	Night	Brigh	t Night				
Unknown	-	Ceiling			-				
Sky/Lowest Cloud Condition	Thin Broken	Ceiling None (Clear)		Obscured	Temperature:	((2) or		_(F)
Few	Thin Overcast	Broken		Indefinite	Dew Point:	(C)	or		_(F)
Partial Obscuration	Unknown	Overcast		Unknown	Altimeter Sett	ing:	in. He	2	
Scattered Lowest Cloud Condition He	ight	Ceiling Heigh	+			or		5	
	-	Cennig Heigh	i t	ft agl					
	1								
Wind Direction	Wind Speed		Wind Gusts	1	Visibility		_ miles		
Variable	Calm		Not Gustin	ng	RVR	:	feet		
-or-	Light and Varia -or-	ible	-or-		RVV	:	_miles		
Direction: degrees true	Speed:	kts	Speed:	kts	Density Altitu			ft	
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to		eck all tha	t apply)	
Light	None	Drizzle	Freezin	g Rain	None	Fo		·········	
Moderate	Rain	Ice Pellets	Snow S		Blowing Du		ound Fog		
Heavy N/A	Snow Hail	Snow Pellet Snow Grain		ets Shower g Drizzle	Blowing Sa Blowing Sn		ize e Fog		
Unknown	Rain Showers	Ice Crystals			Blowing Sp		noke		
					Dust	Ur	nknown		
Icing Forecast		Icing Actual			Turbulence				
AmountTypeNoneN/A		Amount None	Type N/A		Type (Check a None	ll that apply)	Seve	rity ght	
Trace Rime		Trace	Rime	2	Clear Air			oderate	
Light Clear		Light	Clear		Terrain-Indu			evere	
Moderate Mixed Severe Unknown	n	Moderate Severe	Mixe	ed 10wn	Convective	Turbulence	Ех	treme	
Unknown	11	Unknown	Clini	10 10 11					
NOTAMs (D and FDC), A	IDMET ₆ SICN	IFT _e DIDFD	in offoot at	the time of the	a aggidant/ingi	dont:			
TIOTAIUS (D'allu FDC), A		112 I 3, I INEPS	s in criect al	the time of the	с астисни/шен	uciit.			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage None

Minor

Substantial Destroyed Unknown Aircraft Fire None In-Flight On-Ground

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

Both Ground and In-Flight Explosion at Unknown Time Unknown

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

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

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

RECOMMENDATION (How	v could this accid	ent/incident hav	ve been prev	vented?)			
Operator/Owner Safety Recomm							
MECHANICAL MALFU				and and			
Was there Mechanical Malfun		Yes No	e space is n	eedea, com	inue on separa	ale sheel)	Total Time/Cycles
(If yes, list the name of the part, man			cribe the failu	re.)			On Part
							Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							Inspected/Over nauleu
							Hours
FUEL & SERVICES INF							
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		el Type 30/87	115/145		Jet B	Other specif	ý
	Callana	100 Low Lead	Jet A		JP8	other, speen	<i>y</i>
Other Services, if Any, Prior to		100/130	Jet A-1		Automotive		
Other Services, if Ally, Frior u	Departure						
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircraft pe	erformed?	Yes	No			
Method of Exit – Describe how	the occupants exi	ted and how man	ny occupants	s evacuated	each location		
OTHER AIRCRAFT – C	OLLISION (If	air or ground c	ollision occ	urred, com	plete this section	on for <i>other</i> ai	rcraft)
Aircraft Registration Number	Manufacturer:						Damage to Other Aircraft
	Model:						Destroyed Minor Substantial None
Registered Owner of Other Air	rcraft			Pilot of O	ther Aircraft		
Name:				Name:			
City:ZIP:				City:			
				State:		_ZIP:	

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 A	ACCURATE TO THE BEST OF MY KNOWLEDGE
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Date of this Report	Name of Pilot/Operator:										
mm/dd/yyyy	Signature: or Check here to electronically sign this document										
If a Person Other than Pilot/Operator is Filing Report											
Name: Title:											
Signature:											
<i> or</i> C	heck here to	electronically sign this document									
FOR NTSB USE ONLY											
NTSB Accident/Incident No. Reviewed by NTSB Regional Office Name of Investigator Date Report Record											