

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.

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.

Date/Time: 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.

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 cowl, 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.

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 Identifier: Provide the official 3 or 4 character airport identifier number.

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.nts.gov.

**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 | Special |
| Normal | Restricted |
| Aerobatic | Limited |
| Balloon | Provisional |
| Commuter | Special Flight |
| Transport | Experimental |
| Utility | 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. <i>mm/dd/yyyy</i> | 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: _____
 Fractional Ownership Aircraft: Yes No

City: _____
 State: _____ ZIP: _____
 Country: _____

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

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

City: _____
 State: _____ ZIP: _____
 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: _____
Airport Identifier: _____
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
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
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- 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: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

| | | | | | | | |
|---|--|---|--|--|---|--|---|
| Degree of Injury None Fatal Minor Unknown Serious | | Seat Occupied Left Front Unknown Right Rear Center Single | | | Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown | | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown |
| Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer | | | | | | | |

| | | | |
|--|---|--|--|
| Principal Occupation Pilot Other Unknown | Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown | Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance | Date of Last Medical _____ 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: _____ |
|--|--|

| | | | | |
|---|--|---|---|---|
| Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea | Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift | Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift | Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift | Instrument Airplane Instrument Helicopter Helicopter Glider Sport |
|---|--|---|---|---|

| | |
|---------------------|--|
| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|---------------------|--|

| 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: _____

| | | | | | | | |
|---|--|---|--|--|---|--|---|
| Degree of Injury None Fatal Minor Unknown Serious | | Seat Occupied Left Front Unknown Right Rear Center Single | | | Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown | | Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown |
| Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer | | | | | | | |

| | | | |
|--|---|--|--|
| Principal Occupation Pilot Other Unknown | Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown | Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance | Date of Last Medical _____ 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: _____ |
|--|--|

| | | | | |
|---|--|---|---|---|
| Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea | Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift | Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift | Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift | Instrument Airplane Instrument Helicopter Helicopter Glider Sport |
|---|--|---|---|---|

| | |
|---------------------|--|
| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|---------------------|--|

| 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)

| | | | | | | |
|--|--------------------------|-------------------|---|------------------------|-------------|------------------------------|
| Crew Name and Address | | | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | | | Left | Front | None |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | Center | Rear | Minor |
| Last Name: _____ | Country: _____ | | | Right | Single | Serious |
| | | | | | Unknown | Fatal |
| | | | | | | Unknown |
| Pilot Certificate(s) (Check all that apply) | | | | Restraint Type: | | Inflatable Restraints |
| None | Flight Instructor | Commercial | US Military | Available | Used | |
| Private | Recreational | Airline Transport | Foreign | None | None | Not Installed |
| Student | Sport | Flight Engineer | | Lap Only | Lap Only | Installed |
| | | | | 3-point | 3-point | Not Deployed |
| | | | | 4-point | 4-point | Deployed |
| | | | | 5-point | 5-point | Unknown |
| | | | | Unknown | Unknown | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | |
| Yes | No | | | | | |

| | | | | | | |
|--|--------------------------|-------------------|---|------------------------|-------------|------------------------------|
| Crew Name and Address | | | | Seat Occupied | | Injury |
| First Name: _____ | City of Residence: _____ | | | Left | Front | None |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | Center | Rear | Minor |
| Last Name: _____ | Country: _____ | | | Right | Single | Serious |
| | | | | | Unknown | Fatal |
| | | | | | | Unknown |
| Pilot Certificate(s) (Check all that apply) | | | | Restraint Type: | | Inflatable Restraints |
| None | Flight Instructor | Commercial | US Military | Available | Used | |
| Private | Recreational | Airline Transport | Foreign | None | None | Not Installed |
| Student | Sport | Flight Engineer | | Lap Only | Lap Only | Installed |
| | | | | 3-point | 3-point | Not Deployed |
| | | | | 4-point | 4-point | Deployed |
| | | | | 5-point | 5-point | Unknown |
| | | | | Unknown | Unknown | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | |
| Yes | No | | | | | |

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

| Name and Address | | | Seat | Injury | Restraint Type | | Inflatable Restraints | Age |
|-----------------------|----------------|------------|---|--|------------------|-------------|---|---|
| First Name: _____ | City : _____ | | Left Center Right Unknown Row: ____ | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | | None | None | | |
| Last Name: _____ | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | 3-point | 3-point | | |
| | | | | | 4-point | 4-point | | |
| | | | 5-point | 5-point | | | | |
| | | | Unknown | Unknown | | | | |
| Crew | Passenger | Other | | | | | | |
| First Name: _____ | City : _____ | | Left Center Right Unknown Row: ____ | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | | None | None | | |
| Last Name: _____ | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | 3-point | 3-point | | |
| | | | | | 4-point | 4-point | | |
| | | | 5-point | 5-point | | | | |
| | | | Unknown | Unknown | | | | |
| Crew | Passenger | Other | | | | | | |
| First Name: _____ | City : _____ | | Left Center Right Unknown Row: ____ | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | | None | None | | |
| Last Name: _____ | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | 3-point | 3-point | | |
| | | | | | 4-point | 4-point | | |
| | | | 5-point | 5-point | | | | |
| | | | Unknown | Unknown | | | | |
| Crew | Passenger | Other | | | | | | |
| First Name: _____ | City : _____ | | Left Center Right Unknown Row: ____ | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | State: _____ | ZIP: _____ | | | None | None | | |
| Last Name: _____ | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | 3-point | 3-point | | |
| | | | | | 4-point | 4-point | | |
| | | | 5-point | 5-point | | | | |
| | | | Unknown | Unknown | | | | |
| Crew | Passenger | Other | | | | | | |

FLIGHT ITINERARY INFORMATION

| | | | |
|---|---|--|---|
| Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____ | Time of Departure Time: _____ Time Zone: _____ | Destination Airport ID: _____ City: _____ State: _____ Country: _____ | Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown |
|---|---|--|---|

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

| | | | | |
|----------|-----------------|------------------------|---------------------------------------|---------------------|
| None VFR | Special VFR IFR | Special IFR VFR On Top | VFR Flight Following Traffic Advisory | Cruise Unknown / NA |
|----------|-----------------|------------------------|---------------------------------------|---------------------|

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

| | | | | |
|---------|-----------------|--------------------------------|--------------------------|--|
| Class A | Class G | Military Operations Area (MOA) | Special | Altitude of In-Flight Occurrence: _____ 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 <i>(Check all that apply)</i> National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown | 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 <i>(Check all that apply)</i> 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 <i>(Check all that apply)</i> None Fog Blowing Dust Ground Fog Blowing Sand Haze Blowing Snow Ice Fog Blowing Spray Smoke Dust Unknown |
|---|---|---|

| Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table> | Amount | Type | None | N/A | Trace | Rime | Light | Clear | Moderate | Mixed | Severe | Unknown | Unknown | | Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table> | Amount | Type | None | N/A | Trace | Rime | Light | Clear | Moderate | Mixed | Severe | Unknown | Unknown | | Turbulence <table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>None</td> <td>Light</td> </tr> <tr> <td>Clear Air</td> <td>Moderate</td> </tr> <tr> <td>Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td>Convective Turbulence</td> <td>Extreme</td> </tr> </table> | Type | Severity | None | Light | Clear Air | Moderate | Terrain-Induced | Severe | Convective Turbulence | Extreme |
|--|----------|------|------|-----|-------|------|-------|-------|----------|-------|--------|---------|---------|--|--|--------|------|------|-----|-------|------|-------|-------|----------|-------|--------|---------|---------|--|--|------|----------|------|-------|-----------|----------|-----------------|--------|-----------------------|---------|
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trace | Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light | Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate | Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severe | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trace | Rime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Light | Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate | Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severe | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | Severity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | Light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clear Air | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Terrain-Induced | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Convective Turbulence | 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 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 _____ <i>mm/dd/yyyy</i> | Name of Pilot/Operator: _____ Signature: _____ <i>-- or --</i> 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 |