

**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: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: _____ Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____
Collision with Other Aircraft: Midair On-ground None	

AIRCRAFT INFORMATION

Registration Number: _____ Manufacturer: _____ Model: _____ Serial Number: _____ Year of Manufacture: _____ Amateur-Built: Yes <i>If Yes:</i> 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 <i>(Check all that apply)</i> <table style="width:100%"> <tr> <td style="width:50%">Standard</td> <td style="width:50%">Special</td> </tr> <tr> <td>Normal</td> <td>Restricted</td> </tr> <tr> <td>Aerobatic</td> <td>Limited</td> </tr> <tr> <td>Balloon</td> <td>Provisional</td> </tr> <tr> <td>Commuter</td> <td>Special Flight</td> </tr> <tr> <td>Transport</td> <td>Experimental</td> </tr> <tr> <td>Utility</td> <td>Special Light-Sport</td> </tr> <tr> <td></td> <td>Experimental Light-Sport</td> </tr> <tr> <td colspan="2">Certificate of Authorization or Waiver (COA)</td> </tr> <tr> <td>None</td> <td>Unknown</td> </tr> </table>	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 <i>(Check all that apply)</i> <table style="width:100%"> <tr> <td colspan="2" style="text-align:center">Retractable</td> </tr> <tr> <td>Tricycle</td> <td>Tailwheel</td> </tr> <tr> <td>Amphibian</td> <td>High Skid</td> </tr> <tr> <td>Emergency Float</td> <td>Skid</td> </tr> <tr> <td>Float</td> <td>Ski</td> </tr> <tr> <td>Hull</td> <td>Ski/Wheel</td> </tr> <tr> <td colspan="2">Other Launch/Recovery System</td> </tr> <tr> <td>None</td> <td>Unknown</td> </tr> </table>	Retractable		Tricycle	Tailwheel	Amphibian	High Skid	Emergency Float	Skid	Float	Ski	Hull	Ski/Wheel	Other Launch/Recovery System		None	Unknown	Engine Type <i>(Select one)</i> <table style="width:100%"> <tr> <td>Reciprocating</td> <td>Liquid Rocket</td> </tr> <tr> <td>Turbo Shaft</td> <td>Solid Rocket</td> </tr> <tr> <td>Turbo Prop</td> <td>Hybrid Rocket</td> </tr> <tr> <td>Turbo Jet</td> <td>None</td> </tr> <tr> <td>Turbo Fan</td> <td>Unknown</td> </tr> <tr> <td>Electric</td> <td></td> </tr> </table> Fuel System Type <i>(Reciprocating)</i> <table style="width:100%"> <tr> <td>Carburetor</td> <td>Fuel-Injected</td> </tr> </table>	Reciprocating	Liquid Rocket	Turbo Shaft	Solid Rocket	Turbo Prop	Hybrid Rocket	Turbo Jet	None	Turbo Fan	Unknown	Electric		Carburetor	Fuel-Injected
Standard	Special																																																				
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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: _____ <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at <i>(Select one)</i> Last Inspection Time of Accident/Incident	<table style="width:100%"> <tr> <td style="width:50%"> Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ </td> <td style="width:50%"> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ </td> </tr> <tr> <td colspan="2"> ELT Installed: Yes No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) </td> </tr> <tr> <td colspan="2"> Was ELT still mounted in aircraft? Yes No Was ELT still connected to antenna? Yes No Did ELT Activate? Yes No <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes No <i>If not activated:</i> Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown </td> </tr> </table>	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	ELT Installed: Yes No <i>If Yes:</i> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes No <i>If not activated:</i> Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown	
Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____						
ELT Installed: Yes No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)							
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Type of Maintenance Program <i>(Select one)</i> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	Additional Equipment <i>(Check all that apply)</i> 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: _____						
Description of Fire Extinguishing System None 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: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation
- Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- | | | |
|---------|---------|---------|
| FAR 91 | FAR 129 | FAR 415 |
| FAR 103 | FAR 133 | FAR 431 |
| FAR 121 | FAR 135 | FAR 435 |
| FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft *(Select one)*

- Armed Forces
- Federal
- State
- Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|---------------------------|---------------|
| Scheduled or Commuter | Domestic |
| Non-Scheduled or Air Taxi | International |

- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|---------------------|----------------|---------|
| Aerial Application | Firefighting | Unknown |
| Aerial Observation | Flight Test | |
| Air Drop | Glider Tow | |
| Air Race/Show | Instructional | |
| Banner Tow | Other Work Use | |
| Business | Personal | |
| Executive/Corporate | Positioning | |
| External Load | Skydiving | |
| Ferry | | |

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

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: _____ 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) (Check all that apply) 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
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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: _____
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements (Include dates)
_____	_____

Flight Time (Enter appropriate number of hours in each box)	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
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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: _____
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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
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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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		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
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		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
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		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
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		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">VFR/IFR</td> </tr> <tr> <td>Company VFR</td> <td>IFR</td> </tr> <tr> <td>Military VFR</td> <td>Unknown</td> </tr> <tr> <td>VFR</td> <td></td> </tr> </table> Activated? Yes No Unknown	None	VFR/IFR	Company VFR	IFR	Military VFR	Unknown	VFR	
None	VFR/IFR										
Company VFR	IFR										
Military VFR	Unknown										
VFR											

Type of ATC Clearance/Service <i>(Check all that apply)</i>				
None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA

Airspace where the accident/incident occurred <i>(Check all that apply)</i>				Altitude of In-Flight Occurrence: _____ ft msl
Class A	Class G	Military Operations Area (MOA)	Special	
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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">National Weather Service</td> <td style="width: 50%;">Company</td> </tr> <tr> <td>Flight Service Station</td> <td>Military</td> </tr> <tr> <td>TV/Radio</td> <td>Internet</td> </tr> <tr> <td>Automated Report</td> <td>None</td> </tr> <tr> <td>Commercial Weather Service (DUATS)</td> <td>Unknown</td> </tr> <tr> <td>On-Board Weather</td> <td></td> </tr> </table>	National Weather Service	Company	Flight Service Station	Military	TV/Radio	Internet	Automated Report	None	Commercial Weather Service (DUATS)	Unknown	On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
National Weather Service	Company												
Flight Service Station	Military												
TV/Radio	Internet												
Automated Report	None												
Commercial Weather Service (DUATS)	Unknown												
On-Board Weather													

Basic Conditions VMC IMC Unknown	Light Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Dawn</td> <td style="width: 25%;">Dusk</td> <td style="width: 25%;">Dark Night</td> <td style="width: 25%;">Unknown</td> </tr> <tr> <td>Day</td> <td>Night</td> <td>Bright Night</td> <td></td> </tr> </table>	Dawn	Dusk	Dark Night	Unknown	Day	Night	Bright Night	
Dawn	Dusk	Dark Night	Unknown						
Day	Night	Bright Night							

Sky/Lowest Cloud Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Clear</td> <td style="width: 50%;">Thin Broken</td> </tr> <tr> <td>Few</td> <td>Thin Overcast</td> </tr> <tr> <td>Partial Obscuration</td> <td>Unknown</td> </tr> <tr> <td>Scattered</td> <td></td> </tr> </table>	Clear	Thin Broken	Few	Thin Overcast	Partial Obscuration	Unknown	Scattered		Ceiling <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None (Clear)</td> <td style="width: 50%;">Obscured</td> </tr> <tr> <td>Broken</td> <td>Indefinite</td> </tr> <tr> <td>Overcast</td> <td>Unknown</td> </tr> </table>	None (Clear)	Obscured	Broken	Indefinite	Overcast	Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Clear	Thin Broken															
Few	Thin Overcast															
Partial Obscuration	Unknown															
Scattered																
None (Clear)	Obscured															
Broken	Indefinite															
Overcast	Unknown															
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl															

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
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">None</td> <td style="width: 25%;">Drizzle</td> <td style="width: 25%;">Freezing Rain</td> <td style="width: 25%;"></td> </tr> <tr> <td>Rain</td> <td>Ice Pellets</td> <td>Snow Shower</td> <td></td> </tr> <tr> <td>Snow</td> <td>Snow Pellets</td> <td>Ice Pellets Shower</td> <td></td> </tr> <tr> <td>Hail</td> <td>Snow Grains</td> <td>Freezing Drizzle</td> <td></td> </tr> <tr> <td>Rain Showers</td> <td>Ice Crystals</td> <td></td> <td></td> </tr> </table>	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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">Fog</td> </tr> <tr> <td>Blowing Dust</td> <td>Ground Fog</td> </tr> <tr> <td>Blowing Sand</td> <td>Haze</td> </tr> <tr> <td>Blowing Snow</td> <td>Ice Fog</td> </tr> <tr> <td>Blowing Spray</td> <td>Smoke</td> </tr> <tr> <td>Dust</td> <td>Unknown</td> </tr> </table>	None	Fog	Blowing Dust	Ground Fog	Blowing Sand	Haze	Blowing Snow	Ice Fog	Blowing Spray	Smoke	Dust	Unknown
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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. CEN20CA146	Reviewed by NTSB Regional Office Central	Name of Investigator Folkerts	Date Report Received 4/17/2020