

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: DENVER State: CO
 ZIP: 80249 Country: USA
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 02/16/2007 Local Time: 13:00
 mm/dd/yyyy Time Zone: MST

Phase of Operation

☐ Stancing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☒ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

7,000 ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ NM
 Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☐ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☐ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

_____ miles

Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial Obscuration ☐ Unknown
☐ Scattered

Ceiling

☐ None (clear) ☐ Obscured
☐ Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Restriction to Visibility (Check all that apply)

☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated: _____ degrees MAG
☐ Variable

Wind Speed

Velocity: _____ KTS
 -or-
☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☐ Not Gusting

Type of Turbulence (Check all that apply)

☐ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm
Severity of Turbulence
☐ Extreme ☐ Moderate ☐ Light
☐ Severe ☐ Moderate Chop

NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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AIRCRAFT INFORMATION									
Manufacturer: AIRBUS INDUSTRIES Model: A319-111 Serial Number: 2209 Registration Number: N927FR Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: _____ lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input checked="" type="checkbox"/> Transport </div> <div> Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport </div> </div>		Number of Seats: _____ If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Unknown </div> <div> <input type="checkbox"/> Tailwheel <input type="checkbox"/> High Skid <input type="checkbox"/> Skid <input type="checkbox"/> Ski <input type="checkbox"/> Ski/Wheel </div> </div>			
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: 12/12/2006 mm/dd/yyyy Airframe Total Time: 9,950 hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident				
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify _____				
ELT Installed ELT Activated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input checked="" type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	GENERAL ELECTRIC	CFM56-5B5/P							
Eng. 2	GENERAL ELECTRIC	CFM56-5B5/P							
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No					Owner Address City: _____ State: _____ ZIP: _____ Country: _____				
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____				
Regulation Flight Conducted Under <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces </div> <div style="width: 50%;"> <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown </div> </div>					Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No									

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <div style="font-size: small;"> <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input checked="" type="checkbox"/> Public Use <input type="checkbox"/> Unknown </div>	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <div style="font-size: small;"> <input checked="" type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail </div>	Type of Commercial Operating Certificate Held (Select all that apply) <div style="font-size: small;"> <input type="checkbox"/> None <input checked="" type="checkbox"/> Flag Carrier Operating Certificate (121) <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft </div>
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft <div style="font-size: small;"> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ </div>		
Pilot of Other Aircraft <div style="font-size: small;"> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ </div>		
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)		
Airport Identifier: _____		Distance From Airport Center: _____ SM
Airport Name: _____		Direction From Airport: _____ degrees MAG
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: _____ ft. MSL
Approach Segment (Select one) <div style="font-size: small; display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> On Instrument Approach</div> <div style="width: 50%;"><input type="checkbox"/> Landing</div> <div style="width: 50%;"><input type="checkbox"/> Base leg</div> <div style="width: 50%;"><input type="checkbox"/> Final</div> <div style="width: 50%;"><input type="checkbox"/> Go Around</div> <div style="width: 50%;"><input type="checkbox"/> Crosswind</div> <div style="width: 50%;"><input type="checkbox"/> Downwind</div> <div style="width: 50%;"><input type="checkbox"/> Low Approach</div> <div style="width: 50%;"><input type="checkbox"/> Aborted Landing (after touchdown)</div> </div>		
IFR Approach (Check all that apply) <div style="font-size: x-small; display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> PAR</div> <div style="width: 25%;"><input type="checkbox"/> MLS</div> <div style="width: 25%;"><input type="checkbox"/> Practice</div> <div style="width: 25%;"><input type="checkbox"/> ADF/NDP</div> <div style="width: 25%;"><input type="checkbox"/> Sidestep</div> <div style="width: 25%;"><input type="checkbox"/> LDA</div> <div style="width: 25%;"><input type="checkbox"/> GPS</div> <div style="width: 25%;"><input type="checkbox"/> SDF</div> <div style="width: 25%;"><input type="checkbox"/> ILS</div> <div style="width: 25%;"><input type="checkbox"/> ASR</div> <div style="width: 25%;"><input type="checkbox"/> Loran</div> <div style="width: 25%;"><input type="checkbox"/> VOF/TVOR</div> <div style="width: 25%;"><input type="checkbox"/> Localizer Only</div> <div style="width: 25%;"><input type="checkbox"/> Visual</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> VOF/DME</div> <div style="width: 25%;"><input type="checkbox"/> LOC-back course</div> <div style="width: 25%;"><input type="checkbox"/> Contact</div> <div style="width: 25%;"><input type="checkbox"/> TACAN</div> <div style="width: 25%;"><input type="checkbox"/> RNAV</div> <div style="width: 25%;"><input type="checkbox"/> Circling</div> </div>		VFR Approach (Check all that apply) <div style="font-size: x-small;"> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown </div>
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface (Check all that apply) <div style="font-size: x-small; display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Dry</div> <div style="width: 33%;"><input type="checkbox"/> Snow-Compacted</div> <div style="width: 33%;"><input type="checkbox"/> Water-Calm</div> <div style="width: 33%;"><input type="checkbox"/> Holes</div> <div style="width: 33%;"><input type="checkbox"/> Snow-Crusted</div> <div style="width: 33%;"><input type="checkbox"/> Water-Choppy</div> <div style="width: 33%;"><input type="checkbox"/> Ice Covered</div> <div style="width: 33%;"><input type="checkbox"/> Snow-Dry</div> <div style="width: 33%;"><input type="checkbox"/> Water-Glassy</div> <div style="width: 33%;"><input type="checkbox"/> Rough</div> <div style="width: 33%;"><input type="checkbox"/> Snow-Wet</div> <div style="width: 33%;"><input type="checkbox"/> Wet</div> <div style="width: 33%;"><input type="checkbox"/> Rubber Deposits</div> <div style="width: 33%;"><input type="checkbox"/> Soft</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Slush Covered</div> <div style="width: 33%;"><input type="checkbox"/> Vegetation</div> </div>
Runway/Landing Surface (Check all that apply) <div style="font-size: x-small; display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Asphalt</div> <div style="width: 25%;"><input type="checkbox"/> Grass/Turf</div> <div style="width: 25%;"><input type="checkbox"/> Macadam</div> <div style="width: 25%;"><input type="checkbox"/> Water</div> <div style="width: 25%;"><input type="checkbox"/> Concrete</div> <div style="width: 25%;"><input type="checkbox"/> Gravel</div> <div style="width: 25%;"><input type="checkbox"/> Metal/Wood</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> Dirt</div> <div style="width: 25%;"><input type="checkbox"/> Ice</div> <div style="width: 25%;"><input type="checkbox"/> Snow</div> </div>		
FLIGHT ITINERARY INFORMATION		
Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____
Type of ATC Clearance/Service (Check all that apply) <div style="font-size: x-small; display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Special VFR</div> <div style="width: 25%;"><input type="checkbox"/> Special IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 25%;"><input type="checkbox"/> Cruise</div> <div style="width: 25%;"><input type="checkbox"/> VFR</div> <div style="width: 25%;"><input type="checkbox"/> IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 25%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 25%;"><input type="checkbox"/> Unknown / NA</div> </div>		Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Airspace where the accident occurred (Check all that apply)			
<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
			<input type="checkbox"/> Air Traffic Control Area
			<input type="checkbox"/> Unknown
Aircraft Load Description (Check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	
_____ Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
		<input type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> Other, specify _____
		<input type="checkbox"/> JP4	
		<input type="checkbox"/> JP5	
Other Services, if Any, Prior to Departure			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (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
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage		Aircraft Fire	
<input type="checkbox"/> None	<input type="checkbox"/> Substantial	<input type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
		<input type="checkbox"/> On-Ground	
		Aircraft Explosion	
		<input type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
		<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
		<input type="checkbox"/> On-Ground	
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)			
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location			

PILOT "A" INFORMATION**Pilot "A" Responsibilities at the Time of Accident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification

First Name: MERIK City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: WETERRINGS Country: _____

Age at time of Accident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☒ Airline Transport ☐ U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations**Medical Certificate Waivers**

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) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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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										

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "B" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>ERIC</u> Middle Initial: _____ Last Name: <u>PADDOCK</u> </div> <div> City: _____ State: _____ ZIP: _____ Country: _____ </div> </div>																																																																																																				
Age at time of Accident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor </div> <div> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport </div> <div> <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> U.S. Military </div> </div>																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		Date of Last Medical _____ mm/dd/yyyy																																																																																													
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
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> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift </div> <div> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div> </div>																																																																																														
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											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										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military								
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
						<input type="checkbox"/> Left <input type="checkbox"/> Front										
						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
						<input type="checkbox"/> Center <input type="checkbox"/> Single										
						<input type="checkbox"/> Unknown										
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			<input type="checkbox"/> None		<input type="checkbox"/> Fatal								
Middle Initial: _____			State: _____ ZIP: _____			<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown								
Last Name: _____			Country: _____			<input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer								
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						<input type="checkbox"/> Right <input type="checkbox"/> Rear										
						<input type="checkbox"/> Center <input type="checkbox"/> Single										
						<input type="checkbox"/> Unknown										
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
Name and Address																
First Name: _____			City: _____													
Middle Initial: _____			State: _____ ZIP: _____													
Last Name: _____			Country: _____													
First Name: _____																
Middle Initial: _____																
Last Name: _____																
First Name: _____																
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Last Name: _____																

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

BOTH THE CAPTAIN'S AND FIRST OFFICER'S WINDSHIELD CRACKED @20:00Z @ 7000 MSL. AIRCRAFT AIR RETURNED TO KDEN AND LANDED WITHOUT INCIDENT.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

ON FEBRUARY 16, 2007, A TOTAL OF 14 AIRCRAFT (FRONTIER AIRLINES, SKY WEST AIRLINES AND GREAT LAKES AIRLINES) EXPERIENCED 23 FRACTURED COCKPIT WINDSHIELDS DURING OPERATIONS AT, OR NEAR, DENVER INTERNATIONAL AIRPORT. THE NTSB AND THE FAA PERFORMED ONSITE INVESTIGATIONS, AND HAVE CONCLUSIVELY DETERMINED THAT ALL WINDSHIELDS, WITH THE EXCEPTION OF TWO, WERE FRACTURED BY MEANS OF EXTERNAL IMPACT DAMAGE.

THIS REPORT WAS REQUESTED BY THE NTSB TO INCLUSIVELY DOCUMENT THE NUMEROUS OCCURRENCES OF WINDSHIELD FRACTURES ON THIS DATE, WHICH WERE A RESULT OF DEBRIS PARTICLES BEING ACCELERATED BY WINDY WEATHER CONDITIONS.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report _____ Signature and Name of Pilot/Operator _____

Signature: _____

mm/dd/yyyy

Type or Print Name: _____

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

N. Q. DAWKIN

DIRECTOR SAFETY & SECURITY

FOR NTSB USE ONLY

NTSB Accident/Incident No. _____

Reviewed by NTSB Regional Office _____

Name of Investigator _____

Date Report Received _____

ADDITIONAL INFORMATION (Please type or print in ink)

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mmdd/yyyy

Type or Print Name: _____

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Signature _____

Type or Print Name: N. G. DAWKINTitle: DIRECTOR SAFETY & SECURITY**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

DEN07IA 069

Reviewed by NTSB Regional Office

Denver, CO

Name of Investigator

Jennifer S. Kaiser

Date Received

RECEIVEDAPR 13 2007**NTSB - DEN**