

**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**

<b>Accident/Incident Location</b> Nearest City/Place: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)	<b>Date/Time</b> Date: _____ Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None
<b>Altitude of In-Flight Occurrence</b> _____ ft MSL	

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> _____ <b>Model:</b> _____ <b>Serial Number:</b> _____ <b>Registration Number:</b> _____ <b>Amateur-built:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Max Gross Weight:</b> _____ lbs <b>Weight at Time of Accident/Incident:</b> _____ lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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<b>Category of Aircraft</b> <input 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	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <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	<b>Number of Seats:</b> _____ If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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<b>Type of Maintenance Program</b> <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 type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> _____ <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input type="checkbox"/> Specify _____
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<b>ELT Installed</b> <b>ELT Activated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____
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<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	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								
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<p><b>Registered Aircraft Owner</b></p> <p>Name: _____</p> <p>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Owner Address</b></p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>
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<p><b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner</p> <p>Name: _____</p> <p>Doing Business As: _____</p> <p>Air Carrier/Operator Designator (4 Character Code): _____</p>	<p><b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>
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<p><b>Regulation Flight Conducted Under</b></p> <p> <input type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 91 Special Flight    <input type="checkbox"/> Public Use (select type)  <input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> Non-US, Commercial    <input type="checkbox"/> Federal    <input type="checkbox"/> State    <input type="checkbox"/> Local  <input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> Non-US, Non-commercial    <input type="checkbox"/> Unknown  <input type="checkbox"/> FAR 125    <input type="checkbox"/> FAR 137    <input type="checkbox"/> Armed Forces         </p>	<p><b>Revenue Sightseeing Flight</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Air Medical Flight</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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<p><b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b></p> <p> <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 type="checkbox"/> Public Use  <input type="checkbox"/> Unknown         </p>	<p><b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b></p> <p> <input type="checkbox"/> Scheduled or Commuter  <input type="checkbox"/> Non-Scheduled or Air Taxi         </p> <p><b>Domestic or International</b></p> <p><input type="checkbox"/> Domestic    <input type="checkbox"/> International</p> <p><b>Cargo Operation</b></p> <p> <input type="checkbox"/> Passenger/Cargo  <input type="checkbox"/> Passenger _____ How many?  <input type="checkbox"/> Cargo _____ lbs  <input type="checkbox"/> Mail         </p>	<p><b>Type of Commercial Operating Certificate Held (Check all that apply)</b></p> <p> <input type="checkbox"/> None  <input type="checkbox"/> Flag Carrier Operating Certificate (121)  <input 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         </p>
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**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

<p><b>Aircraft Registration Number</b></p> <p>_____</p>	<p><b>Manufacturer:</b> _____</p> <p><b>Model:</b> _____</p>	<p><b>Damage to Other Aircraft</b></p> <p> <input type="checkbox"/> Destroyed    <input type="checkbox"/> Minor  <input type="checkbox"/> Substantial    <input type="checkbox"/> None         </p>
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**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

<p><b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i></p>     	<p><b>Total Time/Cycles On Part</b></p> <p>_____ Hours</p> <p>_____ Cycles</p> <hr/> <p><b>Time Since This Part Inspected/Overhauled</b></p> <p>_____ Hours</p>
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<p><b>Aircraft Damage</b></p> <p> <input type="checkbox"/> None    <input type="checkbox"/> Substantial  <input type="checkbox"/> Minor    <input type="checkbox"/> Destroyed         </p>	<p><b>Aircraft Fire</b></p> <p> <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         </p>	<p><b>Aircraft Explosion</b></p> <p> <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         </p>
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

**AIRPORT INFORMATION** (If the accident/incident 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**  Off Airport/Airstrip  On Airport  On Airstrip **Airport Elevation:** \_\_\_\_\_ ft. MSL

**Approach Segment** (Select one)

On Instrument Approach  Landing  Base leg  Final  Go Around  
 Crosswind  Downwind  Low Approach  Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply)

None  PAR  MLS  Practice  
 ADF/NDB  Sideslip  LDA  GPS  
 SDF  ILS  ASR  Loran  
 VOR/TVOR  Localizer Only  Visual  Unknown  
 VOR/DME  LOC-back course  Contact  
 TACAN  RNAV  Circling

**VFR Approach** (Check all that apply)

None  Stop and Go  
 Traffic Pattern  Touch and Go  
 Straight-In  Simulated Forced Landing  
 Valley/Terrain Following  Forced Landing  
 Go Around  Precautionary Landing  
 Full Stop  Unknown

**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  Unknown  
 Dirt  Ice  Snow

**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  Unknown  
 Slush Covered  Vegetation

**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

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

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

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

Class A  Class E  Prohibited Area  Jet Training Area  Special  
 Class B  Class G  Restricted Area  TRSA  Air Traffic Control Area  
 Class C  Demo Area  Military Operations Area (MOA)  FAR 93  Unknown  
 Class D  Warning Area  Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

None  Towing Glider  Parachutists  Livestock  
 Passengers  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

\_\_\_\_\_ Gallons

**Fuel Type**

80/87  115/145  JP3  Other, specify \_\_\_\_\_  
 100 Low Lead  Jet A  JP4  
 100/130  Automotive  JP5

**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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	<b>Visibility</b> _____ miles
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<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
<b>Lowest Cloud Condition Height</b> _____ ft AGL	<b>Ceiling Height</b> _____ ft AGL	

<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG  <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS  <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm  <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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**NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident**

<b>Temperature:</b> _____ (C) or _____ (F)  <b>Altimeter Setting:</b> _____ in. HG or _____ MB  <b>Density Altitude:</b> _____ ft  <b>Dew Point:</b> _____ (C) or _____ (F)	<b>Icing Forecast</b> <b>Amount</b> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light  <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> <i>(Check all that apply)</i> <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
		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

## PILOT "A" INFORMATION

### Pilot "A" Responsibilities at the Time of Accident/Incident

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

### Pilot "A" Identification

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

#### Degree of Injury

None    Fatal  
 Minor    Unknown  
 Serious

#### Seat Occupied

Left    Front    Unknown  
 Right    Rear  
 Center    Single

#### Seat Belt

Used    Yes    No  
 Available    Yes    No

#### Shoulder Harness

Used    Yes    No  
 Available    Yes    No

### 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

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  
 With limitations/waivers  
 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)

*(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  
 Free 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    Instrument Airplane  
 Airplane Single-Engine    Instrument Helicopter  
 Airplane Multi-Engine    Helicopter  
 Gyroplane    Glider  
 Powered Lift    Sport

### Type Ratings

### Student Endorsements *(Include dates)*

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										

## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

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

### Pilot "B" Identification

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
*mm/dd/yyyy*

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <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	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> 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

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <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	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>
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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:** \_\_\_\_\_

<b>Airplane Rating(s)</b> <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	<b>Other Aircraft Rating(s)</b> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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### Type Ratings

### Student Endorsements *(Include dates)*

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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs
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<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs
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<b>Pilot Name and Address</b>		<b>Degree of Injury</b>
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Seat Occupied</b>
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign	<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military	<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

<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs
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**PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____											
Last Name: _____											

**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 time and point of departure, intended destination, and services obtained.

**RECOMMENDATION (How could this accident/incident 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.

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

<b>Date of this Report</b>  _____ <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: _____
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**Signature and Name of Person Filing Report if Other than Pilot/Operator**  
Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b>	<b>Reviewed by NTSB Regional Office</b>	<b>Name of Investigator</b>	<b>Date Report Received</b>
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