## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

BASI	CINFORMA	TION											
Accider	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest (	City/Place:				_State: _		Date	e:		Lo	cal Time: _		
ZIP:	(	Country:						mm/da	l/yyyy	т:.	ma Zana:		
Latitude:			Longitude:							111	ille Zolle		
	(Enter in decima	l degrees or d	legrees:minutes:sec	conds)			Coll	lision with	Other Air	craft:	Midair	On-groun	d None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:								ped and Co				
						ļ		Unmanned	al Space Fli l Aircraft	ght			
							Ma	aximum Gr	oss Weigh	t:		lbs	
Serial N	lumber:						We	eight at Tin	ne of Accid	lent/Inci	dent:		_ lbs
Year of	Manufacture:						Nu	mber of Se	ats:		Flight Cre	ew Seats:	
Amateu	ır-Built: Yes		Kit/Plans Mal	ke:			Cab	oin Crew Seat	s:		Passenger	Seats:	
	No		Original Design				Nu	mber of En	gines:				
	ry of Aircraft		irworthiness Ce	rtificate		Landing Gea		7.			Type (Se		15.1
Airpla Ballo		(Check all the Standard				(Check all that		o <i>ly)</i> ictable			procating o Shaft		d Rocket Rocket
	/Dirigible	Norma	l Restric			Tricycle	cona		ailwheel		o Prop		id Rocket
Glide Gyroj		Aeroba Balloo				•					o Jet	None Unkn	
Helic		Comm				Amphibiar Emergency			igh Skid cid	Elect	o Fan tric	Ulikii	lOWII
Powe Rocks	red Lift	Transp Utility			t	Float		SI					
Ultral		Othity		Light-Spo mental Ligl		Hull			ci/Wheel		• •	(Reciprocation	<u> </u>
Unknown Certificate of Authorization or Waiver (COA)			Other Lau	nch/l	Recovery Sys	stem	Carb	uretor	Fuel-	Injected			
		None	1	Unknown	1	None			nknown				~.
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow Horse	ower or	Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	lbs of		(hours)	(hours)	(hours)
Eng. 1							-						
Eng. 2 Eng. 3							-						
Eng. 4							-						
	spection Type			Propell	er 1	Fixed Pi			Prop	eller 2		Fixed Pitch	
100-H		inuous Airwo	rthiness				ollable Pitch Controllable Pitch Adjustable Ground Adjustable						
AAIP		ditional Inspec		Manufac	turer:	Ground			Manufacturer:				
Annua	al Unki	nown							Mode	- el:			
Date La	ast Inspection:	mm/dd/yy		ELT In:	stalled:	Yes 1	No					Check all that	
Airfran	ne Total Time:			If Yes:					AD				11 17
	s measured at (S					er:			II .	frame Para	chute ck Indicato	ır	
Last Inspection Time of Accident/Incident Model or Part No.:  TSO No.: C91 (121.5 MHz)					C91-	a (121.5 MH:	Aut	opilot					
Type of Maintenance Program (Select one) C126 (406 MHz					C)1.	a (121.3 Will	Dat	a Recorde		Handheld De	vice		
Annual  Conditional (A motour built only)  Was ELT still mounted in a				unted in aircraf	ft?	Yes No	Elec	etronic Mu	ltifunction	Display			
Manufacturer's Inspection Program  Was ELT still connected to at						Yes No	, ,	ctronic Pri idheld GPS	mary Fligh S	t Display			
Other Approved Inspection Program (AAIP)  Did ELT Activate? Yes				Yes N	No		Hea	ds Up Dis	play				
	nuous Airworthin, specify:	ess		v		ocating Aircraf	ft:	Yes No		oard Wea	ther cing Device	e	
	tion of Fire Ex	tinguishing	System	If not ac	ctivated:				Stal	l Warning	System		
None	;	_ 3	-	Indicate	Reason:	Impact Dan				eo Record er, Specify	ing Device	:	
Spec	шу.					Fire Damag Battery Exp		/Damaged	J Can	ci, opecity			
						Unknown							

	DRMATI	ION						
Registered Aircraft Owner				City:				
Name:				State:	ZIP:			
	Yes No							
				Country:				
•	ie As Registe			Same Address as Registered Owner				
Name:				City:				
Doing Business As:				State:	ZIP:			
Air Carrier/Operator Designator (4)	Character C	Code):		Country:	<del> </del>			
Operating Certificates Held (Check all that apply)	R	Regulation Flight Condu	cted Under	Revenue Operation for FA (Select one for each group)	AR 121, 125, 129, 135			
None Flag Carrier Operating Certificate (FA Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	R 121)	FAR 91 FAR 129 FAR 103 FAR 133 FAR 121 FAR 135 FAR 125 FAR 137 FAR 91 Special Flight Non-US, Commercial	FAR 415 FAR 431 FAR 435 FAR 437	Scheduled or Commuter Non-Scheduled or Air Tax  Passenger Cargo Mail Contract Only	Domestic i International			
On-Demand Air Taxi (FAR 135)		Non-US, Non-commercial		Mail Contract Only				
Commercial 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  Indicute Non-Commercial  Public Aircraft (Select one)  Armed Forces  Federal  State  Local  Unknown		Armed Forces		Purpose of Flight for FAR (Select one)	1.91, 103, 133, 137  Firefighting Unknown			
			Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	Flight Test Glider Tow Instructional Other Work Use Personal Positioning				
Revenue Sightseeing Flight	A	ir Medical Flight		External Load Ferry	Skydiving			
Yes No		Yes No						
AIRPORT INFORMATION	(Fill in if ac	ccident/incident occurre	d on approac	ch. landing, takeoff, departure	e. or within 3 miles of an airport)			
Airport Name:			1 171	istance From Airport Center	:sm			
Airport Identifier				Aina Enam Aina				
Airport Identifier: Off Airpo	t/Airstrin		Di	rection From Airport:	degrees true			
Airport Identifier: Off Airpo	t/Airstrip	On Airport/Airstrip	Di	rection From Airport:	degrees true			
	t/Airstrip		N/A Di		degrees true ft. msl			
Proximity to Airport: Off Airpo			N/A Ai  Cou	irport Elevation:  ndition of Runway/Landing  Dry Snow-Co	degrees true  ft. msl  Surface (Check all that apply)  pmpacted Water-Calm			
Proximity to Airport: Off Airpo  Runway Information	gth:	On Airport/Airstrip ft Width:	N/A Ai  Cool  ft	rport Elevation:	degrees true  ft. msl  Surface (Check all that apply)  ompacted Water-Calm  usted Water-Choppy  y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice	gth: all that apply Macadam Metal/Wo Snow	On Airport/Airstrip ft Width:	N/A Ai  Cool  ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft	degrees true  ft. msl  Surface (Check all that apply)  ompacted Water-Calm  usted Water-Choppy  y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice  Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai  Cool  ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation  h Downwind Base Final	degrees true  ft. msl  Surface (Check all that apply)  ompacted Water-Calm  usted Water-Choppy  y Water-Glassy  et Wet  on Unknown  Low Approach Go Around Aborted Landing (after touchdown)			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice  Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai  Coo  ft  S  ament Approach	ndition of Runway/Landing Dry Snow-Co Holes Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation  h Downwind Base Final Crosswind	degrees true  ft. msl  Surface (Check all that apply)  magacted Water-Calm  musted Water-Choppy  y Water-Glassy  et Wet  On Unknown  Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice  Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:	On Airport/Airstrip ft Width:	N/A Ai  N/A Con  ft  S  Interpretation of the second of th	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation  h Downwind Base Grinal Crosswind  TR Approach (Check all that a	degrees true  ft. msl  Surface (Check all that apply)  magacted Water-Calm  musted Water-Choppy  y Water-Glassy  et Wet  On Unknown  Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice  Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai  Cool  ft  S  where the state of the	mdition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation  h Downwind Base Final Crosswind TR Approach (Check all that approach)  R Approach (Check all that approach)	degrees true  ft. msl  Surface (Check all that apply)  magacted Water-Calm  water-Choppy  Water-Glassy  et Wet  Unknown  Low Approach Go Around Aborted Landing (after touchdown)  Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice  Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:all that apply Macadam Metal/Wo Snow  elect one) ture ure Procedur	On Airport/Airstrip ft Width:	N/A Ai  N/A Con  ft  S  Interpretation of the second of th	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation  h Downwind Base Grinal Crosswind  TR Approach (Check all that a	degrees true  ft. msl  Surface (Check all that apply)  magacted Water-Calm  musted Water-Choppy  y Water-Glassy  et Wet  On Unknown  Low Approach Go Around Aborted Landing (after touchdown) Unknown			

"FLIGHT CREWMEI	MBER 1" INFOR	<b>MATION</b>	1							
"Flight Crewmember 1" R										
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor C	heck Pilot	Fligl	ht Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		es No								
"Flight Crewmember 1" Io				(	City of Re	esidence				
Middle Initial:										
Last Name:								ZII		
	of Accident/Incident:				country:		m/dd/yyyy			
Age at time (	of Accident/Incident						m/aa/yyyy			
Daguar of Latinum	Seat Occupied	Ceru	ificate Numb		traint Ty			1.	T (1 / 1 ) T	
Degree of Injury None Fatal	Left	Front	Unknown				** *		Inflatable F	kestraints
Minor Unknown Serious	Right Center	Rear Single			<b>Availabl</b> e None Lap o	-	None Lap only	y	Not Installed	
Pilot Certificate(s) (Check	all that apply)				3-poii	nt	3-point		Not Dep	
		nercial	US Milit	ary	4-poii 5-poii		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		e Transport t Engineer	Foreign		Unkn		Unknov	vn		
27										
Principal Occupation	<b>Medical Certificate</b>					tificate Va	-		Date of Las	t Medical
Pilot Other	None Class Class 1 Driv		e (Sport Pilot o	1		nitations/wai tions/waivers		nknown /A		
Unknown	5111	nown	(Sport I flot of	))	Special Issu		3 1	//1	mm/dd/yy	vyy
Medical Certificate Limita	ntions									
Madical Cartificate Specie	d Isananaa									
Medical Certificate Specia	ii Issuance									
Date of Last Elight Daview		Eliaba D		- <b>C</b> 4						
Date of Last Flight Review or Equivalent, Including	<b>,</b>		Review Aircra							
FAR 121/135 Checks:										
	mm/dd/yyyy	Model: _	1		. 1					
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		(Check all to		)	(Check all	r Rating(s)			
None	None		None			None			Instrument .	Airplane
Single-Engine Land	Airship		Airplane			Airplan	e Single-Eng		Instrument	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopt Powered			Aırplan Gyropla	e Multi-Engii one	ne	Helicopter Glider	
Multiengine Sea	Gyroplane		10,000	2111		Powere			Sport	
	Helicopter Powered Lift									
Type Ratings	TOWER EN					Student E	Endorsemer	nts (Include	dates)	
VI 8								,	,	
			Airplane					<u> </u>	1	
Flight Time (Enter approprie		s Make	Single	Airplane	***		rument	D	GUI	Lighter
number of hours in each box)	Aircraft & I	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)										
Time as Instructor							1		<del> </del>	
This Make/Model							1			
Last 90 Days										
Last 30 Days										
Last 24 Hours					1					

"FLIGHT CREWMEN	MBER 2" INFOR	<u>MATION</u>	1							
"Flight Crewmember 2" R	-									
Pilot Co-Pilot	Student Pilot	Flight Instr		Check Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" w		es No	0							
"Flight Crewmember 2" Io										
First Name:						sidence:				
Middle Initial:					ate:		Z	IP:		
Last Name:										
Age at time of	f Accident/Incident:		Date of Birt	h:		mm	/dd/yyyy			
		Certif	ficate Numbe							
Degree of Injury	Seat Occupied	F .	** 1		traint T	ype			Inflatable R	estraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknowr	1	<b>Availab</b> None Lap	2	Used None Lap only	,	Not Inst	
Pilot Certificate(s) (Check	all that apply)				3-po		3-point	′	Not Dep	
		nercial	US Mili	tary	4-po		4-point		Deploye Unknow	
Private Recre Student Sport		e Transport t Engineer	Foreign		5-po Unkı	nown	5-point Unknow	'n	Ulikilow	11
Student Sport	1 light	Engineer								
Principal Occupation	<b>Medical Certificate</b>			Med	lical Ce	rtificate Val	lidity		Date of Las	t Medical
Pilot	None Class		. (C+ D:1-+ -			mitations/waiv		nknown		
Other Unknown		nown	e (Sport Pilot o	3/	pecial Iss	ations/waivers suance	i N	/A	mm/dd/yy	yy
Medical Certificate Limita								I		
Medical Certificate Specia	l Issuance									
D. C. C. C. C. L. D. C.		EU L D								
Date of Last Flight Review or Equivalent, Including	V	Flight R	leview Aircr	att						
FAR 121/135 Checks:	· · · · · · · · · · · · · · · · · · ·									
	mm/dd/yyyy	Model: _	1							
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		(Check all t	nt Rating(s)	)	Instructor (Check all th				
None	None		None None	11 27		None None			Instrument A	irplane
Single-Engine Land	Airship		Airplane	e		Airplane	Single-Engin	e	Instrument H	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopi Powered			Airplane Gyroplan	Multi-Engine	<b>;</b>	Helicopter Glider	
Multiengine Sea	Gyroplane		Towered	ı Liit		Powered			Sport	
	Helicopter Powered Lift									
Type Ratings	Towered Ent					Student Er	ıdorsement	s (Include d	lates)	
, r · · · · g ·								(	,	
			Airplane		<u> </u>	_			1	
Flight Time (Enter appropri		s Make	Single	Airplane			rument	D	GW 1	Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)									1	
Time as Instructor									1	
This Make/Model										
Last 90 Days										
Last 30 Days									1	
Last 24 Hours									1	

ADDITIONAL FLIGH	T CREWMEMI	BERS (E	cclusive of cabin cr	ew, complete	the following	g information)		
Crew Name and Address	1					Seat Occupie	d	Injury
First Name:  Middle Initial:  Last Name:		State:				Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Chec.  None Private Student	k all that apply) Flight Instructor Recreational Sport	Airli		Military reign		Restraint Typ Available None Lap Only 3-point 4-point	** *	Inflatable Restraints Not Installed Installed Not Deployed
Type Rating/Endorseme Accident/Incident Aircra			Total Flight Time and this Accident/Inc		hrs	5-point Unknown	5-point Unknown	Deployed Unknown
Crew Name and Address	1					Seat Occupie		Injury
First Name:  Middle Initial:  Last Name:		State:	f Residence: y:	ZIP:		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
None Private Student  Type Rating/Endorseme Accident/Incident Aircra	Flight Instructor Recreational Sport  nt for ift? Yes	Airlii Fligh	e Transport Fo. Engineer  Fotal Flight Time a f this Accident/Inc	ident:		Restraint Typ Available None Lap Only 3-point 4-point 5-point Unknown	** *	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) / OT	HER PERSOI	NNEL (Ir	clude cabin crew; c	ontinue on s	eparate sheet	t if necessary)	Inflatable	T
Name and Address			Seat	Injury	Restraint T	ype	Restraints	Age
First Name: Middle Initial: Last Name: Crew	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
First Name: Middle Initial: Last Name: Crew	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5,  Child Restraint Lap-Held Unknown
First Name: Middle Initial: Last Name:	State: 2	ZIP:	Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years
First Name:	City :		Left Center	None	Available None Lap Only	Used None Lap Only	Not Installed Installed	Under 5 years

FLIGHT ITINERARY I	NFORMATIO	V						
Last Departure Point	Tim	e of Departure	Destination	on		Type Flight	t Plan Fil	ed
Airport ID:		-	Airport ID:			None		VFR/IFR
City:	Time	:				Company		IFR
		Zone:				Military V VFR	/FR	Unknown
State:		2010				Activated?	Yes	No Unknown
Country:	•		Country:			Activateu.	103	140 CHKHOWH
Type of ATC Clearance/Serv			-:-1 TED		VED Eli-la E-II		Ci	
None VFR	Special VFR IFR	VF	ecial IFR R On Top		VFR Flight Follo Traffic Advisory	-	Cruise Unkno	wn / NA
Airspace where the accident							Altitude	e of In-Flight
	Class G Demo Area		itary Operations port Advisory A	` /	Special Air Traffic Conti	rol Area	Occurr	ence:
	Warning Area		Training Area	ica	Unknown	ioi z iiea		ft msl
	Prohibited Area	TRS						
	Restricted Area		R 93					
WEATHER INFORMA		ACCIDEN	T/INCIDEN			•		
Source of Pilot Weather Info (Check all that apply)	ormation				ervation Facility			
National Weather Service	Com	nany						
Flight Service Station	Milit	1 2		Observation Tim	ne:			
TV/Radio	Inter			Time Zone:				
Automated Report Commercial Weather Service	None (DUATS) Unkr			Distance from A	ccident Site:		_ nm	
On-Board Weather	(DOMIS) CIRI	lowii		Direction from A	Accident Site:		_degrees ti	rue
<b>Basic Conditions</b>		Light Conditi	ion					
VMC		Dawn	Dusk	Dark 1	Night Un	known		
IMC Unknown		Day	Night	Bright	t Night			
Sky/Lowest Cloud Condition		Ceiling			Temperature:		C) or	(F)
Clear	Thin Broken	None (Clear)	)	Obscured				
Few	Thin Overcast	Broken	Broken Indefinite D			(C)	or	(F)
Partial Obscuration Scattered	Unknown	Overcast Unknown Alt			Altimeter Sett	ing:	in. H	g
Lowest Cloud Condition He	ight.	   Ceiling Height				or		
				ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
Variable	Calm		Not Gustin	ng	RVR	:	feet	
	Light and Varia	ıble				:		
-0r-	-or-	kts	-or-	1sta				0
Direction:degrees true	Speed:		Speed:	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipita				Restriction to	-		it apply)
Light Moderate	None Rain	Drizzle Ice Pellets	Freezing Snow S		None Blowing Du		og round Fog	
Heavy	Snow	Snow Pellet		ets Shower	Blowing Sa		aze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals	1		Blowing Sp Dust		moke nknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check a	ll that apply)	Seve	
None N/A Trace Rime		None Trace	N/A Rime		None Clear Air			ight Ioderate
Light Clear		Light	Clear		Terrain-Indu	iced		evere
Moderate Mixed		Moderate	Mixe		Convective '	Turbulence	Ez	xtreme
Severe Unknow Unknown	n	Severe Unknown	Unkn	nown				
NOTAMs (D and FDC), A	ARMETs, SIGN	IETs, PIREPS	s in effect at	the time of the	e accident/inci	dent:		

DAMAGETO	AIDCDAFT	ND OTHER REAL	DEDTV		
		ND OTHER PROF	CKIY	Aironaft E	
Aircraft Damage None	e Substantial	Aircraft Fire None	Both Ground and In-Flight	Aircraft Explosion None	Roth Ground and In Elicht
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Both Ground and In-Flight Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown
Description of D	amage to Aircraft a	and Other Property (Us	se additional sheet if necessary)	l	
•	Ü		•		
		GHT (Please type or p		0 11 11 11	
Describe what o	occurred in chronology	ogical order, including (	circumstances leading to and natification if needed. State departure time an	ure of accident/incident	t. Describe terrain and include
destination. Prov	ride as much detail a	s possible.	ii needed. State departure time an	u and iocation, services	obtained, and intended
		<b>F</b>			

RECOMMENDATION (How	could this accident/incident have been pre	vented?)	
Operator/Owner Safety Recomm	·	volucu.)	
MECHANICAL MALFUN	NCTION/FAILURE (If more space is n	needed, continue on separate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, many)  FUEL & SERVICES INF  Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  Other Services, if Any, Prior to	ORMATION  Fuel Type  80/87  Gallons  100/130  Serial no., and describe the failu		Total Time/Cycles On Part  Hours Cycles  Time Since This Part Inspected/Overhauled Hours
EVACUATION OF AIRC	RAFT		
		N.	
Was an emergency evacuation  Method of Exit – Describe how	of the aircraft performed? Yes the occupants exited and how many occupant	No s evacuated each location	
OTHER AIRCRAFT - C	OLLISION (If air or ground collision occ	curred, complete this section for other air	rcraft)
Aircraft Registration Number	Manufacturer:		Damage to Other Aircraft  Destroyed Minor Substantial None
Registered Owner of Other Air	craft	Pilot of Other Aircraft	
City:ZIP:ZIP:		Name:	
Country:		Country:	

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator:		
	Signature	<b>:</b>		
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	an Pilot/Op	erator is Filing Report		
			Title:	
		electronically sign this document		
		FOR NTSB	LISE ONLY	
NTSB Accident/Incident	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
				•