FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
Alburquerque NM	5/9/02	11:47	MDT	5300 Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1. [X] On Approach
2. [ ] Within 1/4 Mile
3. [ ] Within 1/2 Mile
4. [ ] Within 3/4 Mile
5. [ ] Within 1 Mile
6. [ ] Within 2 Miles
7. [ ] Within 3 Miles
8. [ ] Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions
alburquerque	ABQ	1. [ ] Direction: 03 2. [ ] Length: 3. [ ] Width: 4. [ ] Surface: concrete 5. [ ] Condition: dry

Phase Of Operation:

1. [ ] Standing
2. [ ] Taxi
3. [ ] Takeoff
4. [ ] Climb
5. [ ] Cruise
6. [ ] Descent
7. [ ] Approach
8. [X] Landing
9. [ ] Hover/Maneuver
10. [ ] Altitude Of In-Flight Occurrence _____ Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT
N61RG	Piper	Aerostar	62P-0930-8165053	6315

Type Of Aircraft

1. [X] Airplane
2. [ ] Helicopter
3. [ ] Glider
4. [ ] Balloon
5. [ ] Blimp/Dirigible
6. [ ] Ultralight
7. [ ] Gyroplane
8. [ ] Specify _____

Type Of Airworthiness Certificate

1. [X] Normal
2. [ ] Utility
3. [ ] Acrobatic
4. [ ] Transport
5. [ ] Restricted
6. [ ] Limited
7. [ ] Experimental
8. [ ] Specify _____

Amateur Built

1. [ ] Yes
2. [X] No

Landing Gear

1. [X] Tricycle—Fixed
2. [ ] Tricycle—Retractable
3. [ ] Tailwheel—Fixed
4. [ ] Tailwheel—Retractable
5. [ ] Tailwheel—Retractable Mains
6. [ ] Amphibian
7. [ ] Skid
8. [ ] Limited
9. [ ] Specify _____

No. Of Seats

Flight/Cabin Crew 2
Pax 4

Stall Warning System Installed	IFR Equipped	Engine Type
1. [X] Yes 2. [ ] No	1. [ ] Yes 2. [X] No	1. [ ] Reciprocating—Carburetor 2. [X] Reciprocating—Fuel Injected 3. [ ] Turbo Prop 4. [ ] Turbo Jet 5. [ ] Turbo Fan 6. [ ] Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
Lycoming	TIO-540-U 2A	1. 350 Horsepower 2. _____ Lbs Thrust	1. None 2. Specify _____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1		L-9136-61A	906.1 Hours	68.9 Hours	151.8 Hours
Engine No. 2		L-9841-61A	1200.8 Hours	68.9 Hours	151.8 Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1. [X] Annual
2. [ ] Manufacturer's Inspection Program
3. [ ] Other Approved Inspection Program(AAIP)
4. [ ] Continuous Airworthiness
5. [ ] Specify _____

Type Of Last Inspection

1. [ ] Annual
2. [ ] 100 Hours
3. [ ] AAIP
4. [ ] Continuous Airworthiness

Date Last Inspection Performed

1-23-02 (M/D/Y)

Time Since Last Inspection
71.0 Hours

Airframe Total Time
3196.0 Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	NARCO	ELT 10	10068	2-04

Switch 1. [ ] On 2. [ ] Off 3. [X] Armed

Operated 1. [ ] Yes 2. [X] No

Aided In Accident Location 1. [ ] Yes 2. [X] No

Registered Aircraft Owner

Norris Aviation LLC

Address [redacted]
Goddard, KS 67052

Operator Of Aircraft

1. [X] Same As Registered Owner
2. Name
3. DBS:

Address

1. [X] Same As Registered Owner
2. _____

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms6120.1 (rev. 10/77) and 6120.2 (Rev.10/77)

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)
[redacted]	NA

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under
1.☒ FAR91 (only) 2.☐ FAR91D 3.☐ FAR 103 4.☐ FAR 121 5.☐ FAR 125 6.☐ FAR 129 7.☐ FAR 133 8.☐ FAR 135 9.☐ FAR 137

Purpose of Flight
1.☒ Personal 2.☐ Business 3.☐ Educational 4.☐ Executive/Corporate 5.☐ Aerial Application 6.☐ Aerial Observation 7.☐ Other Work Use 8.☐ Public Use 9.☐ Ferry 10.☐ Positioning

Operator Authority
FAR121
1.☐ Domestic 2.☐ Flag 3.☐ Supplemental
FAR 135
4.☐ On Demand 5.☐ Commuter
FAR 133
6.☐ Rotorcraft External Load
FAR125
7.☐ Large Aircraft
FAR 129
8.☐ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations
1.☐ Scheduled 2.☐ Non Scheduled 3.☐ Domestic 4.☐ International 5.☐ Passenger 6.☐ Cargo 7. Specify_____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality
Gary Norris	[redacted]	[redacted] Goddard, KS 67052	American

Certificate (s)
1.☐ Student 2.☒ Private 3.☐ Commercial 4.☐ Airline Transport 5.☐ Flight Instructor 6.☐ Flight Engineer 7.☐ Military 8.☐ Foreign 9.☐ None 10.Specify_____

Rating (s)
1.☐ None 2.☒ Single Engine Land 3.☐ Single Engine Sea 4.☒ Multiengine Land 5.☐ Multiengine Sea 6.☐ Helicopter 7.☐ Glider 8.☐ Free Balloon 9.☐ Airship 10.☐ Gyroplane

Instrument Rating (s)
1.☐ None 2.☒ Airplane 3.☐ Helicopter

Instructor Rating (s)
1.☒ None 2.☐ Airplane S.E. 3.☐ Airplane M.E. 4.☐ Helicopter 5.☐ Glider 6.☐ Instrument Airplane 7.☐ Instrument Helicopter 8.☐ Ground Instructor 9.☐ Specify_____

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)
1-13-02

BFR Aircraft
1. Make 81 Aerostar
2. Model 601P Superstar

Medical Certificate
1.☐ None 2.☐ Class 1 3.☐ Class 2 4.☒ Class 3

Date Of Last Medical (M/D/Y)
1-25-00

Limitations
NA

Waivers
NA

Date Of Birth (M/D/Y)
[redacted]-61

Degree Of Injury
1.☒ None 2.☐ Minor 3.☐ Serious 4.☐ Fatal

Seat Occupied
1.☒ Left 2.☐ Right 3.☐ Center 4.☐ Front 5.☐ Rear

Person At Controls At Time Of Accident
1.☒ Pilot In Control 2.☐ Second Pilot 3.☐ Both Pilots 4.☐ Non-Pilot 5.☐ No One

Seat Belt Available
1.☒ Yes 2.☐ No

Seat Belt Used
1.☒ Yes 2.☐ No

Shoulder Harness Available
1.☒ Yes 2.☐ No

Shoulder Harness Used
1.☒ Yes 2.☐ No

Source Of Pilot Flight Time Information
1.☒ Pilot Logbook 2.☐ Operators Estimate 3.☐ FAA Records 4.☐ Company 5.☐ Specify_____

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1100		500	600		122.3	104.0			
Pilot In Command (PIC)	950	67.1	500			122.3	1-4.0			
Instructor										
This Make & Model	[redacted]				12.0	9.0		[redacted]		
Last 90 Days	65.0	44.0	--	44.0	12.0	9.0	—			
Last 30 Days	15.0	15.0	--	15.0	3.2	3.7	—			
Last 24 Hours	4.1	4.1		4.1	--	1.5				

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident
1.☐ Co-Pilot 2.☐ Dual Student 3.☐ Safety Pilot 4.☐ Check Pilot 5.☐ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)
1.☐ Student 2.☐ Private 3.☐ Commercial 4.☐ Airline Transport 5.☐ Flight Instructor 6.☐ Flight Engineer 7.☐ Military 8.☐ Foreign 9.None_____ 10.Specify_____

Second Pilot Information (cont.)

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1.☐ None 6.☐ Helicopter 2.☐ Single Engine Land 7.☐ Glider 3.☐ Single Engine Sea 8.☐ Free Balloon 4.☐ Multiengine Land 9.☐ Airship 5.☐ Multiengine Sea 10.☐ Gyroplane	1.☐ None 2.☐ Airplane 3.☐ Helicopter	1.☐ None 6.☐ Instrument Airplane 2.☐ Airplane S.E. 7.☐ Instrument Helicopter 3.☐ Airplane M.E. 8.☐ Ground Instructor 4.☐ Helicopter 9.☐ Specify_____ 5.☐ Glider

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
		1. Make_____ 2. Model_____

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations / Waivers	Date Of Birth (M/D/Y)
1.☐ None 3.☐ Class 2 2.☐ Class 1 4.☐ Class 3			

Degree Of Injury	Seat Occupied	Seat Belt Available
1.☐ None 3.☐ Serious 2.☐ Minor 4.☐ Fatal	1.☐ Left 3.☐ Center 5.☐ Rear 2.☐ Right 4.☐ Front	1.☐ Yes 2.☐ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Yes 2.☐ No	1.☐ Pilot Logbook 4.☐ Company 2.☐ Operators Estimate 5.☐ Specify_____ 3.☐ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious	Minor	None
1.											
2.											
3.											
4.											
5.											
6.											

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID ICT 2. City/Place Wichita 3. State KS	1. Time 10:24 2. Time Zone CST	1. Airport ID ABQ 2. City/Place Alburqurque 3. State NM	1.☐ None 4.☐ VFR/IFR 2.☐ VFR 5.☐ Company (VFR) 3.☒ IFR 6.☐ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Briefing with FSS in route and on the ground first thing before leaving

Fuel On Board At Last Takeoff	Fuel Type		
164 Gallons or _____ Pounds	1.☐ 80/87 2.☒ 100 Low Lead 3.☐ 100/130	4.☐ 115/145 5.☐ Jet A 6.☐ Automotive	7.Specify_____

Other Services, If Any, Prior to Departure

added 1 qt. of oil to each engine when fueling

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
	1.☐ Dawn 3.☐ Dusk 5.☐ Dark Night 2.☒ Daylight 4.☐ Bright Night XX	10 Miles	66°

Weather Information At The Accident Site (cont.)

Dew Point	Altimeter Setting	Sky/Lowest Cloud Condition
28 (°F)	3012 "Hg	1.☐ Clear 2.☒ Scattered 25,000 Feet AGL 3.☐ Broken _____ Feet AGL 4.☐ Overcast _____ Feet AGL 5.☐ Partial Obscuration 6.☐ Obscured

Wind Information
1.Direction 140
2. Velocity 13 Kts
3. Gusts 17 Kts

Restriction To Visibility: None

Type Precipitation: none

Intensity Of Precipitation: 1.☐ Light 2.☐ Moderate 3.☐ Heavy 4.Specify _____

Turbulence (Multiple Entry)
1.☐ None 2.☒ Light 3.☒ Moderate 4.☐ Severe 5.☐ Extreme 6.☐ Clean Air 7.☐ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1.☐ None 2.☐ Minor 3.☒ Substantial 4.☐ Destroyed

Fire
1.☐ Yes 2.☒ No 3.☐ In-Flight 4.☐ On Ground

Description Of Damage To Aircraft And Other Property

lower fuselage damaged due to skidding both props sturck runway

Mechanical Malfunction Failure

1.☐ No
2.☐ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Do not know why engine failed

Total Time

On Part	At Overhaul
_____ Hours	_____ Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage
			1.☐ Destroyed 2.☐ Substantial 3.☐ Minor 4.☐ None

Registered Aircraft Owner	Address

Pilot Name	Address	Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.☐ Outside Person (s) 2.☐ Auxiliary Lighting 3.☐ Slide 4.☐ Rope 5.☐ Ladder 6.☐ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door 4 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	**FAA Certificate No.**	**Address** ____________	**Title**

Certificate(s)

1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ____________

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ____________	**Title**

Certificate(s)

1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ____________

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Name	**FAA Certificate No.**	**Address** ____________	**Title**

Certificate(s)

1.☐ Student
2.☐ Private
3.☐ Commercial
4.☐ Airline Transport
5.☐ Flight Instructor
6.☐ Flight Engineer
7.☐ Foreign
8.Specify ____________

Ratings/Endorsements	**Total Flight Time**	**Flight Time This Accident**

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

Departed ICT approx. 10:20 local filed IFR flight plan to ABQ 1 hour layover for fuel & lunch. Then filed second leg to Mesa AZ Stayed at 6000' for the first hour of flight so I could take advantage of tail wind. Later cleared to 10,000' Before leaving ICT had both tanks topped and 1 qt of iol put in each engine. Total fuel was 3.6 hours as filed flight plan. Had nice flight to ABQ with exception of burbulance. When entering ABQ was cleared to land RWy 3. Set up for straight final. At this time I was gien an option for different Rwy if neccessary due to cross wind. Opted to stay with Rwy 3. About 300-400' AGL left engine instantly quit. I asked for missed approach due to inability to keep aircraft alighed with runway with engine out and cross wind. About that time engine tried to re-start and pick back up. I instantly cross fed engine as specified in POH Emergency Procedures. Was losing altitude pretty rapidly and aircraft was trying to stall so I cleaned up gear/ prop and flaps and began to maintain altitude. Meanwhile, I was so low that I could not see runway and requested a vector and declared emergency. As i approached the runway, I was very low so I waited as long as possible to drop the landing gear. Gear did not lock in time and I did a gear up landing. Immediately evacuated 3 other passengers and myself and exited crash sight until emergency personnell secured air craft. In between times shut down fuel/mixtures and battery and secured aircraft.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator
5/9/02	[redacted]

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____
2. Type Or Print Name _____
3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received
FTW02LA142	ARLINGTON, TX	ROACH	05/20/02

FEDERAL AVIATION ADMINISTRATION

STATEMENT OF WITNESS

NAME: Gary Norris [redacted]

COMPLETE HOME ADDRESS: Goddard KS 67025

AGE: 4/19/02

DATE AND PLACE OF INCIDENT: 5/19/02 ABQ

OCCUPATION: Self Emp

WHERE WERE YOU AT TIME OF INCIDENT? Flying Airplane

AIRCRAFT IDENTIFICATION

NUMBER	COLOR	OTHER DESCRIPTION
N61RG	White/Black	

TELL IN YOUR OWN WORDS WHAT YOU SAW AND HEARD BEFORE AND AT THE TIME THE INCIDENT OCCURRED:

Was Cleared to Land on long Final, Turbulance was strong With X wind, Had conversation with controler about using different runway. All at once lost engine Immediatly looked At fuel guages, one Showed low, thought maybe X feed would help. Changed X feed & Notified Controler that I had lost an engine & needed to go around. Came back around to set up for landing after determining that I could hold the heading with x wind & Engine tried to start then died. Immediately cleaned the Airplane up & secured Engine. By this time was very low. waited until last minute to drop gear so that I could maintain Altitude & gear did not come down fast enough. Landed, Secured Engines & Quickly exited Airplane.

(If more space required, continue on reverse.)

DATE: 4/19/02

SIGNATURE: [redacted]

FEDERAL AVIATION ADMINISTRATION

STATEMENT OF WITNESS

Brandon Donn Norris
NAME [redacted] Cheney Ks 67025 AGE

COMPLETE HOME ADDRESS

05/09/02
DATE AND PLACE OF INCIDENT

OCCUPATION
Detailer

In the plane
WHERE WERE YOU AT TIME OF INCIDENT?

AIRCRAFT IDENTIFICATION		
NUMBER	COLOR	OTHER DESCRIPTION

TELL IN YOUR OWN WORDS WHAT YOU SAW AND HEARD BEFORE AND AT THE TIME THE INCIDENT OCCURRED:

We were coming in about 30 or more miles from airport and my mom hollered out because she was scared. Then I didn't think anything of it and then the Pilot said tower we lost an engine we need to do missed approach and circle in. Tower granted it and he was coming around and tower asked can you take another run way and he said tower we might not make it. I need to request an emergency landing. I need any runway. He said ok granted 61RG. So we came around and tried to make it to the runway and he pulled the gear and we came on down and then hit and skidded on down. then when we stop[ped] we all bailed out and the fire crew arrived. No injuries what so ever. →

5/9/02
(If more space required, continue on reverse.)

DATE

SIGNATURE
[redacted]

GSA-KANSAS CITY-67-00073

CE FORM 637 (6/59)

FEDERAL AVIATION ADMINISTRATION

STATEMENT OF WITNESS

NAME: Angela N. Norris

AGE: 41

COMPLETE HOME ADDRESS: [redacted] Cheney, KS 67025

DATE AND PLACE OF INCIDENT: Albuquerque

OCCUPATION: homemaker

WHERE WERE YOU AT TIME OF INCIDENT?: in the plane preparing to land

AIRCRAFT IDENTIFICATION

NUMBER	COLOR	OTHER DESCRIPTION

TELL IN YOUR OWN WORDS WHAT YOU SAW AND HEARD BEFORE AND AT THE TIME THE INCIDENT OCCURRED:

Felt an engine go. Gary informed that we had to go around. made it back to runway (Gary informed we might not make it to runway). Brought plane down and apparently landing gear did not fully engage. Landed on belly - center of runway. Exited plane.

(If more space required, continue on reverse.)

DATE: 5-9-02

SIGNATURE: [redacted]

FEDERAL AVIATION ADMINISTRATION

STATEMENT OF WITNESS

NAME: Dustin Norris	AGE: 16
COMPLETE HOME ADDRESS: [redacted]	
DATE AND PLACE OF INCIDENT: 5/9/02 Albuquerque, NM	OCCUPATION:
WHERE WERE YOU AT TIME OF INCIDENT? In the aircraft	

AIRCRAFT IDENTIFICATION

NUMBER	COLOR	OTHER DESCRIPTION

TELL IN YOUR OWN WORDS WHAT YOU SAW AND HEARD BEFORE AND AT THE TIME THE INCIDENT OCCURRED:

After Flying for about 1 hour and 45 minutes the plane lunged and I knew that the engine had died. We were on final for runway 3 and the pilot asked for a missed approach and went around, we flew on one engine after circling to the left. We seemed to be trying to maintain altitude but between the winds and airplane were dropping. Finally when we were ~~[illegible]~~ at a lower altitude we maintained it and the pilot requested an emergency landing. When we came down ~~for~~ for final we had to bank far to the right to make the runway and I thought I heard the landing gear go down. Before we touched down it seemed like we floated for some time ~~[illegible]~~ and then hit the ground and skidded strait down the runway until we came to a stop and left the plane.

(If more space required, continue on reverse.)

DATE	SIGNATURE
5/9/02	[redacted]

GSA-KANSAS CITY-47-46875 CE FORM 637 (6/69)

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1/2

PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration. Flight Standards District Offices.

Rules pertaining to aircraft accident., accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operations.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person suffers death, or serious injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or structural failure which adversely affects the structural strength, performance or flight characteristics or the aircraft, and which would normally require major repair or replacement or the affected component. NOTE: Engine failure (damage limited to an engine), bent fairing or cowling, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, damage to landing gear, wheels, tires, flaps engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Demolished" includes destruction by fire

4. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

5. "Fatal Injury" means any injury which results in death within thirty (30) days of the accident.

6. "Serious Injury" means any injury which (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received: (2) results in a fracture of any bone (except simple fracture of finger, toes, or nose): (3) involves lacerations which cause severe hemorrhages, nerve, muscle, or tendon damage: (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred. *Date & Time:* Indicate if daylight saving or standard time.
Elevation: Provide elevation of the accident site.
Airport Identification: Provide 3 or 4 character identifier. *Runway:* Direction—heading being used; Surface—composition, i.e., concrete asphalt, grass, etc.; Condition—wet, slick, soft, etc.
Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred inflight, state the altitude of the occurrence.

Item 2. Aircraft Data: Make and Model—enter as shown on aircraft registration certificate; Engine—enter make and model as shown on engine nameplate.
Certificated Max Gross Weight—Indicate the certificated max gross weight for the aircraft involved in the occurrence.
Type of Fire Extinguishing system— Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information — Pilot-in-Command (PIC) Includes solo flight time. Instructor—indicate all dual flight instructor given.

Item 5. Second Pilot Information—Indicate the capacity in which the second pilot was acting at the time of the accident.

Item 6. Self-Explanatory.

Item 7. Self- Explanatory.

Item 8. Weather Information at the Accident Site. Indicate the wether conditions at the accident site at the time of occurrence.
Sky/Lowest Cloud Condition: If cloud condition was scattered, broken or overcast, include height of clouds above ground level.
Restriction to Visibility: Haze, dust, smoke, fog, etc.
Type Precipitation: Rain, snow, hail, etc.

Item 9. Collision Accident. This includes collision with parked aircraft.

Item 10-14. Are self-explanatory.

Item 15. Additional Flight Crew Members. This page should be completed if there are more than two required flight crew members on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, and there were not other required flight crew members involved, separate this page.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY
FIRST-CLASS MAIL PERMIT NO. 99055 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

(FOLD AND TAPE CLOSED BEFORE MAILING)

FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) FIELD OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Field Offices are located in the following cities:

Anchorage, AK	Los Angeles, CA
Atlanta, GA	Miami, FL
Chicago, IL	Parsippany, NJ
Denver, CO	Seattle, WA
Fort Worth, TX	Washington, DC

The complete mailing address of NTSB Field Offices are listed under "U.S. GOVERNMENT" in the telephone directories of the opposite listed cities. However, if a complete mailing address is not available, address the form as follows:

NATIONAL TRANSPORTATION SAFETY BOARD
Bureau of Accident Investigation

_____

(Enter City and State of Nearest Field Office)