# 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

If the Accident Occurred On Approach, Taksoff or Within 3 Miles of An Airport, Complete The Following Information	Nearest City/Place, State, Zip Code   Date of Accident   S/9/02   Zone   Code   Alburque rque   Miles   S/9/02   Miles   S/9/02   Miles   S/9/02   Peet MSL   Miles   S/			•	Involving Co	mme	ercial	and	Gene	eral Av	iation	Aircraf	t				
Alburquerque   NM	A   Durquerque NM	Location						) Ageor	De gale e					<del>oran a agrand</del> MENDERE ENGLA		r de galaj	
If the Accident Occurred On Approach, Takeoff or Within 3 Miles of An Aliport, Complete The Following Information	If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Arport, Complete The Following Information	333			5 (0 (		,	(2	(24 HOUR CLOC				Feet MSL				
Producting to Airport   1-32 On Approach   1-32 O	Productive   Total   Productive   P	If The Accident Occi	urred On	Approach	, Takeoff or Within 3	Miles	of An	Airpor	t, Com	plete Th	e Followi	ng Inform	nation				
Airport Name	Aligner   Alig									<u> </u>				<del></del>			
Aliport Name	All part Name   All profit Ident   All profit Ident   All profit Ident   All part Ident				3. Within 1/2 Mile	е			5.Q \	Within 1	Mile		7.🖸	Within 3 M	liles		
Airport Name     alburquerque	Alroyst Name   Alroyst Ident   Runway/Landing Surface Conditions:   3.1 Width:   5.1 Condition:   4.1 Surface:   5.1 Condition:   4.1 Surface:   5.1 Condition:   5.1 Conditi				_				6.🖵 V	Within 2	Miles		8.🖵	Beyond 3 I	Miles		
All Direction: 0.3 3.	Alburquerque   ABQ   1   Direction: 03   3   Width   5   Condition:   Cheretate   Concertate	Airport Name			Airport Ident		R	unway	/Landi	ng Surfa	ce Condi	itions:	<del></del>				
Phase of Operation: 1. Standing 3. Takeoff 5. Cruise 7. Approach 8. Hover/Maneuer 10. Hover/Maneuer 10	Phase of Operation: 1   Standing   Standin	alburque	rque		ABQ		1. 2.	Dii Le	rection	:03			:		lition	dry	
Aircraft Information Registration Mark  Aircraft Manufacturer  Aircraft Type/Model  Serial Number  G2P-0930-8165053  G315  Type Of Aircraft  1.2 Airplane 2.1 Helicopter 3.1 Gilder 7.1 Gyroplane 3.2 Gilder 7.1 Gyroplane 3.3 Acrobatic 7.1 Experimental 4.1 Tallwheel—Retractable 5.2 Reciprocating—Carburetor 5.2 Tiplovel—Fixed 5.1 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Reciprocating—Carburetor 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5. Tillwheel—Retractable 6. Amphibian 8. Tillwheel—Retractable 7. Skid Fight/Cabin Crew 2 Pax 4   Stall Warning System Installed  IFF Equipped  IFF E	All   Climb   6   Descent   8   Landing   10   All blade of the Flight Occurrence   Feet MSL	Phase Of Operatio	n:				<del> L</del>		<del></del>				-coner	<del>ete</del>			
Aircraft Information Registration Mark  Aircraft Manufacturer  Aircraft Type/Model  Serial Number  G2P-0930-8165053  G315  Type Of Aircraft  1.2 Airplane 2.1 Helicopter 3.1 Gilder 7.1 Gyroplane 3.2 Gilder 7.1 Gyroplane 3.3 Acrobatic 7.1 Experimental 4.1 Tallwheel—Retractable 5.2 Reciprocating—Carburetor 5.2 Tiplovel—Fixed 5.1 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Reciprocating—Carburetor 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.1 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5.2 Tillwheel—Retractable 5. Tillwheel—Retractable 6. Amphibian 8. Tillwheel—Retractable 7. Skid Fight/Cabin Crew 2 Pax 4   Stall Warning System Installed  IFF Equipped  IFF E	All   Climb   6   Descent   8   Landing   10   All blade of the Flight Occurrence   Feet MSL			. Takeo	f 5.🖵	Cruis	e		7.	Approa	ach	9	. Hover/M	aneuver			
Registration Mark   Aircraft Manufacturer   Aircraft Type/Model   Serial Number   Cert Max Gross WT	Registration Mark   Alrcraft Manufacturer   Alrcraft Type/Model   Serial Number   Cert Max Gross WT	•	4	. Climb	6.🖵	Desc	ent								rrence		_Feet MSL
N61RG Piper Aerostar 62P-0930-8165053 6315  Type Of Aircraft  1.⊋ Airplane 5.□ Blimp/Dirigible 1.⊋ Normal 5.□ Restricted 1.⊋ Yes 3.□ Acrobatic 7.□ Experimental 2.⊋ No 2.2 No 2.⊋ No 2.⊋ No 2.⊋ No 2.2 No 2.	No. 1 Section   Type Of Aircraft   Type Of Airworthiness Certificate   Amateur Built   Airylane   Solid Bilmp/Dirigible   130 Normal   Solid Bilmp/Dirigible   Solid Bi	Aircraft Information	n								·	<del></del>					
Type Of Aircraft	Type Of Aircraft    Airplane   S.   Bilmp/Dirigible   130 Normal   S.   Restricted	Registration Mark		Aircraft	Manufacturer		A	ircraft	Type/	Model	<del></del>	Serial	Number	<del></del>		Cert Max	Gross WT
1. Airplane 5. Bimp/Dirigible 6. Utralight 2. Airplane 6. Experimental 6. Experimental 6. Experimental 6. Experimental 7. Experimental 7. Experimental 7. Experimental 8. Specity 8. Airplane 7. Experimental 8. Specity 8. Experimental 8. Specity 8. Airplane 7. Experimental 8. Specity 8. Airplane 7. Skell Flight/Cabin Crew 2. Tricycle—Retractable 6. Amphibian 9. Specity 9. Airplane 9. A	Airplane   S.   Blimp/Dirigible   1.0 Normal   S.   Restricted   1.0 Yes   S.   Helicopter   S.   Utralight   S.   Acrobatic   T.   Experimental   S.   Specify   Stall Warning System Installed   S.   Specify   Stall Warning System Installed   IFR Equipped   Engine Type   S.   Turbo Fand   S.   Specify   System Used	N61RG		Pipe	r			Aer	osta	ar		62P	-0930-	816505	3	631	. 5
Acrossic   Continuous Airworthiness   Continuo	Acrobatic   Continuous Armonthiness   Cont	Type Of Aircraft					T	/pe Of	f Airwo	orthines	s Certifi	cate				Amateu	ur Built
Acrobatic   Acro	Acrobatic   Continuous Almorthiness   Cont														Ì	1.🗆 Ye	s
A   Balloon   B   Specify   A   Transport   B   Specify   Skid   Skid   Specify   Skid	A_D Balloon   B_D Specify   A_D Transport   B_D Specify							2					}	2.54 No			
Tricycle—Fixed 4. Tailwheel—Retractable 7. Skid Limited Crew 2. Tailwheel—Retractable Mains 8. Limited Specify 2. Tailwheel—Retractable Mains 8. Limited Crew 2. Tailwheel Crew 2. Tail	Tricycle—Fixed   A_   Tailwheel—Retractable   S_   Limited   Crew_2	4.☐ Balloon													]		
Continuous Airworthiness   Continuous Airworth	2. Tricycle—Retractable 5. Tailwheel—Retractable Mains 8. Limited Crew 2. Amphibian 9. Specify Pax 4. Specify P				-5										- 1		
Stall Warning System Installed   IFR Equipped   Engine Type	Stall Warning System Installed    FR Equipped   Engine Type	1.2 Tricycle—Fixed 4. Tailwheel—Retract					ine							Flight/C	abin		
Stall Warning System Installed  IFR Equipped  In Sequipped  In Sequipped	Stall Warning System Installed   IFR Equipped   Engine Type   I   Yes   I				riaciab	ic ivia	1113					_ <u>_</u>	1	Pax _	4		
Engine Manufacturer  Engine Model/Series  Engine Rated Power  Type Of Fire Extinguishing System Used  1. None 2. Specify  Engine No. 1  Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 3  Engine No. 4  Type Of Last Inspection  Time Since Inspection  Time Since Inspection  Time Since Overhaul  Time Since Inspection  Time Since Overhaul  Time Since Inspection  Time Since Overhaul  Type Of Last Inspection  Type Of Last Inspection  Type Of Maintenance Program  Type Of Last Inspection  Type Of Last Inspection  Type Of Maintenance Program  Type Of Last Inspection  Type Of Last Inspection  Type Of Last Inspection  Time Since Inspection Performed  1. Annual  2. MID/N  Time Since Last Inspection Performed  1. Annual  1. Annual  1. Annual  1. Annual  1. Annual  2. MID/N  Airframe Total Time  Airframe Total Time  Airframe Total Time  Serial Number  Type Of Last Inspection  Airframe Total Time  Airframe	Engine Manufacturer  Ly coming  TIO - 540 - U 2A  Engine Rated Power  Ly coming  TIO - 540 - U 2A  Engine Rated Power  Ly coming  TIO - 540 - U 2A  Engine Rated Power  Ly coming  TIO - 540 - U 2A  Engine Rated Power  Ly coming  Time Since Inspection  Time Since Overhaul  Time Since Inspection  Time Since Overhaul  Engine No. 1  L - 9136 - 61A  Pola Neurs  Engine No. 2  Engine No. 2  Engine No. 3  L - 9041 - 61A  Hours	Stall Warning System Installed   IFR Equipped   Engine Ty					/pe										
Engine Manufacturer  Lycoming  TIO-540-U 2A  1. 350 Horsepower Lbs Thrust  1. None 2. Specify  Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 4  Type Of Fire Extinguishing System Used  1. None 2. Specify  Time Since Inspection  Time Since Overhaul  Type Of Last Inspection  Time Since Inspection  Time Since Overhaul  Type Of Last Inspection  Type Of Last Inspection  Type Of Maintenance Program  Type Of Last Inspection  Type Of Maintenance Program  1. Annual  2. Annual  2. Annual  2. Annual  2. Annual  3. AAIP  4. Continuous Airworthiness  Type Of Last Inspection  Airframe Total Time  Airframe Total Time  Serial Number  Type Of Maintenance  Type Of Last Inspection  Time Since Inspection  Time Since Last Inspection  Time Since Inspection  Time	Engine Manufacturer  Engine Model/Series  Engine Rated Power  Type Of Fire Extinguishing System Used  1. 250 Horsepower Lbs Thrust  1. None 2. Specify  Engine No. 1  Engine No. 1  Engine No. 2  Engine No. 2  Engine No. 2  Engine No. 3  Engine No. 4  Type Of Maintenance Program  Type Of Maintenance Program  1. Annual 2. 10 Manufacturer's Inspection Program 3. 10 Other Approved Inspection Program 3. 10 Other Approved Inspection Program 4. 10 Continuous Airworthiness 5. Specify  Engine No. 2  Engine No. 3  Engine No. 4  Model/Series  Engine No. 4  Model/Series  Engine Rated Power  Type Of Fire Extinguishing System Used  1. None 2. Specify  Hours  1. None 2. Name  2. Same As Registered Owner  1. None 2. Specify  Time Since Inspection  Time Since Overhaul  Time Since Last Inspection Program  Address  Airframe Total Time  1. 2 Annual  1. 1 On 1. 2 On	1 <mark>√</mark> ≦ Yes			1 Yes	1.5	Recip	rocatir	ng—Cai	rburetor					_		
Lycoming  TIO-540-U 2A  1. 350 Horsepower Lbs Thrust  1. None 2. Specify  In Since Inspection  Time Since Overhaul  Time Since Overhaul  Time Since Inspection  Touris  Hours  Hours  Hours  Type Of Maintenance Program  Type Of Maintenance Program  Type Of Maintenance Program  Type Of Last Inspection  Type Of Maintenance Program  1. Annual	Lycoming TIO-540-U 2A 1.350 Horsepower Lbs Thrust 2.5pecify	<b> </b>					Recip					Turbo .					o Shaft
Lycoming  TIO-540-U 2A  1. 350 Horsepower Lbs Thrust  I. None 2. Specify  Engine No. 1  Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 3  Engine No. 4  Type Of Maintenance Program  3.  Other Approved Inspection Program  3.  Other Approved Inspection Program (AAIP)  4.  Continuous Airworthiness  Emergency Locator Transmitter  (ELT)  Registered Aircraft Owner  In None 2. Specify  I. Nous 2. Specify  I. None 2. Specify  I. Nous 2. Specify  I. None 2. Specify  I. Nous 2. Specify  I. Nous 2. Specify  I. Nous 2. Specify  I. Nous 3. Specify  I. Nous 3. Specify  I. Nous 3. Specify  I. Nous 2. Specify	Lycoming  TIO-540-U 2A  1. 350	Engine Manufactur	rer		Engine Model/Sei	rìes			Engin	e Rated	Power				ishi	ng	
Engine (s)  Date of Mfg.  Mfg. Serial No.  Total Time  Time Since Inspection  Time Since Overhaul  L 9136-61A  1200, 8 Hours  L 9136-61A  Hours  Engine No. 2  Engine No. 3  Engine No. 4  Total Time  Time Since Inspection  Time Since Overhaul  L 9136-61A  Hours  Fire Since Last Inspection Performed  1. Annual  1. Annual  1. Annual  1. Annual  1. Annual  2. Hours  Hours  Hours  Hours  1-23-02  (M/D/Y)  Time Since Last Inspection  Time Since Last Inspection Performed  1. Annual  1. Annual  1. Annual  1. Annual  1. Annual  2. Hours  Hours  Hours  Since Last Inspection  Airframe Total Time  Serial Number  Hours  Hours  Airframe Total Time  NARCO  Switch  1. On 2. Off 3. Armed  NARCO  Switch  1. Operated  1	Engine(s) Date of Mfg. Mfg. Serial No. Total Time Time Since Inspection Time Since Overhaul  Engine No. 1  Engine No. 2  Engine No. 2  Engine No. 3  Engine No. 4  Type Of Maintenance Program  Type Of Maintenance Program  Type Of Maintenance Program  1. Annual 2. 100 Hours  Type Of Maintenance Program  3. Other Approved Inspection Program  4. Continuous Airworthiness  4. Continuous Airworthiness  5. Specify  Emergency  Locator  Transmitter  (ELT)  Emergency  Locator  Transmitter  (ELT)  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  Address  1. Same As Registered Owner  2. Same As Registered Owner					_		l	1, 2	50	Horsepo	wer	7	seu			
Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 4  Type Of Maintenance Program Type Of Last Inspection Type O	Engine No. 1  L_9136-61A  L_9041-61A  Hours  Engine No. 3  Engine No. 4  Type Of Last Inspection  Type Of Last Inspection	Lycoming			TIO-540-t	J 21	A		2		Lbs Thru	ıst	2.Specify	/		·	
Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 4  Type Of Maintenance Program Type Of Last Inspection Type O	Engine No. 1  Engine No. 2  Engine No. 3  Engine No. 3  Engine No. 4  Type Of Maintenance Program  Type Of Last Inspection  Type Of Mainufacturer's Inspection Program  3. Other Approved Inspection Program  4. Continuous Airworthiness  5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. 9136-61A  1200, 8 Hours  Airframe Total Time  Serial Number  Aided In Accident Location  1. Yes 2. Name  Address  1. Same As Registered Owner  2. Name  Address  1. Same As Registered Owner  2. Name	Engine(s)	Date of	f Mfg.	Mfg. Serial No.	$\neg \neg$	Total T	ime	L		Time S	ince Ins	pection	Time S	ince	Overha	ıul
Engine No. 2  Engine No. 3  Engine No. 4  Type Of Maintenance Program Type Of Last Inspection Type Of Last	Engine No. 2 Engine No. 3 Engine No. 4  Type Of Maintenance Program Type Of Manufacturer's Inspection Program 3. Other Approved Inspection Program 4. Continuous Airworthiness 5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner Norris Aviation LLC  Operator Of Aircraft 1. On 2. Off 3. Address 1. Same As Registered Owner 2. Name  Indus Hours Hours Hours Hours Hours Hours  Date Last Inspection Performed 123-02 (M/D/) Time Since Last Inspection Airframe Total Time 3196.0 Hours  Serial Number (M/D/Y) 2-04  Address 1. Same As Registered Owner 2. Name  Address 1. Same As Registered Owner 2. Name	Engine No. 1			T9136-6	1 1		•	90	, Hours	6	8.9	Hou	rs			Hours
Engine No. 3 Engine No. 4 Hours  1 - 23 - 02 (M/D/Y) Time Since Last Inspection Time Since Last Inspection Airframe Total Time Airframe Total Time Serial Number Hours Airframe Total Time Hours Airframe Total Time Serial Number Hours Airframe Total Time Hours Airframe Total Time Airframe Total Time Hours Airframe Total Time Airframe Total Ti	Engine No. 3 Engine No. 4 Hours  Aide Last Inspection Performed 1.	Engine No. 2			7 7 7 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9			00,	8	Hours	6	8.9	Hou	rs 1	51	. 8	Hours
Type Of Maintenance Program  Type Of Last Inspection  1. Annual  1. Annual  2. Manufacturer's Inspection Program  3. Other Approved Inspection Program  4. Continuous Airworthiness  5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Type Of Last Inspection  1. Annual  1. 23 - 02 (M/D/Y)  1. Manufacturer  1. Annual  1. 23 - 02 (M/D/Y)  1. Manufacturer  1. Annual  1. 23 - 02 (M/D/Y)  1. Manufacturer  1. Annual  1. 23 - 02 (M/D/Y)  2. Annual  1. Annual  1. Annual  1. 23 - 02 (M/D/Y)  2. Annual  1.	Type Of Maintenance Program  Type Of Last Inspection  1. Annual  1. Annual  2. Manufacturer's Inspection Program 3. Other Approved Inspection Program 4. Continuous Airworthiness 5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. Annual  1. Annual 1. Annua	<del></del>			D-3041-0.	I M								<del></del>			
Annual    1	1. Annual 2. Manufacturer's Inspection Program 3. Other Approved Inspection Program 4. Continuous Airworthiness 5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Norris Aviation LT.C  Operator Of Aircraft 1. Same As Registered Owner 2. In Annual 2. In Annual 2. In Annual 2. In Annual 3. In Annual 4. In Continuous Airworthiness 4. In Annual 5. In Annual 5. In Continuous Airworthiness 4. In Annual 5. In Continuous Airworthiness 4. In Continuous Airworthiness 6. In Continuous Airw	<del></del>	<u> </u>		<u> </u>	لـــا		- 4.5		Hours		B :				<del></del>	Hours
2. Manufacturer's Inspection Program 3. Other Approved Inspection Program(AAIP) 4. Continuous Airworthiness 5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  100 Hours  100 Hours  AAIP 4. Continuous Airworthiness  AAIP 4. Continuous Airworthiness  AAIP 4. Continuous Airworthiness  AAIP 4. Continuous Airworthiness  Airframe Total Time  Serial Number  (M/D/Y) 2-0-4  Aided In Accident Location  1. Yes 2. No  Address  Address	2.   Manufacturer's Inspection Program 3.   Other Approved Inspection Program(AAIP) 4.   Continuous Airworthiness 5.   Specify		ice Prog	gram			t Inspe	ction				Date L			ned		(M/D/V)
4. Continuous Airworthiness 5. Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  4. Continuous Airworthiness  4. Continuous Airworthiness  Airframe Total Time 3196.0 Hours  Serial Number (M/D/Y) 2-04  Aided In Accident Location 1. Yes 2. No  Address	4. Continuous Airworthiness  4. Continuous Airworthiness  4. Continuous Airworthiness  4. Continuous Airworthiness  Airframe Total Time  3196.0 Hours  Emergency Locator Transmitter (ELT)  Switch 1. On 2. Off 3. Armed  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. Same As Registered Owner  2. Name	2. Manufacturer's Inspection Program 2. 100 Hours				s					Time S	ince Last Insp	ection			(101/10/17	
Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Emergency Locator  NARCO  Model/Series ELT Manufacturer ELT / O Serial Number (M/D/Y) 2 - 0 4  Doctor  FLT / O Jobb 8  Aided in Accident Location 1.  Yes 2. No  Address	Specify  Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Norris Aviation LLC  Operator Norris As Registered Owner  2. Name  Serial Number Battery Date (M/D/Y) 2 - 0 4  Dock 8  Operated 1. Yes 2. No  Address  Address  Address 1. Same As Registered Owner  2. Name							414 !				Ai-from	o Total Time	7	1.0	)	_Hours
Emergency Locator Transmitter (ELT)  ELT Manufacturer NARCO Switch 1. On 2. Off 3 Armed  Address  Model/Series FLT / O Serial Number / Dolo 8 (M/D/Y) 2 - 0 4  Operated 1. Ope	Emergency Locator Transmitter (ELT)  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. Same As Registered Owner  2. Name  Model/Series Serial Number (M/D/Y) 2-04  Character  Norris Serial Number (M/D/Y) 2-04  Added in Accident Location 1. Yes 2. No  Address  Address 1. Same As Registered Owner 2. Name		orthiness		4.11 0	ontinuo	ous Airw	ortnine	ess			Airtram	e lotal time	3196.0	<b></b>		_Hours
Locator Transmitter (ELT)  NARCO ELT /0 /068 (M/DY) 2-04  Switch 1. On 2. Off 3. Armed  Aided In Accident Location 1. Yes 2. No  Registered Aircraft Owner  Address	Locator Transmitter (ELT)  Switch 1. On 2. Off 3. Armed  Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. Same As Registered Owner  2. Name  NARCO ELT / O	<del></del>	ELT	Manufac	turer		Mode	el/Seri	ies		13	Serial Nu	umber			Date	
Switch 1. On 2. Off 3. Armed  Operated 1. Yes 2. No  Registered Aircraft Owner  Address  Aided In Accident Location 1. Yes 2. No  Address	Switch   1.	1	- 1 .	NAR	CO		E	L	T /	<b>'</b> O		100	8 20	(M	/D/Y	2	-04
Registered Aircraft Owner Address	Registered Aircraft Owner  Norris Aviation LLC  Operator Of Aircraft  1. Same As Registered Owner  2. Name  Address  Goddard, KS 67052  Address  1. Same As Registered Owner  2			-	Off 3, Armed	_		Ope	rated	2.⊡ No	)				catio	n	
	Norris Aviation LLC  Operator Of Aircraft  1. Same As Registered Owner  2. Name  Coddard, KS 67052  Address  1. Same As Registered Owner  2.						+						<u> </u>				
	1. Same As Registered Owner  2. Name  2	Norris Aviation LLC							C	oddaı	ed, K	S 670	52				
Operator Of Artifalt	2. Name	Operator Of Aircraf	ft					1 4	,	4. 5	!						
1.44 Same As negistered Owner			tered Ov	wner				1	same	as Heg	isterea O	wner					
	3. UBS:	3. DBS:															

wner / Operator Informati											
perator (Certificate Number	) Op	erator Desig	nator (4 Lett	ter Desi	ignator)						
	NA	Δ									
Purpose Of Flight And Type											
Regulation Flight Conductor				1	perator	Authority				21, 125, 127	
	FAR 121	7.🗀 F	AR 133		FAR121		FAR 1		I	nue Operation Scheduled	ons
☐ FAR91D 5.☐ F	FAR 125	8. 🖳 F/			1. □ Dor 2. □ Flag			Rotorcraft al Load	1	Non Sched	uled
	FAR 129	9.□ F	AH 137			plemental				Domestic	.1
Purpose of Flight  1.  Personal	6.□	Aerial Obs	ervation		FAR 135	•	FAR1	<b>25</b> ₋arge Aircrafi	1=	International Passenger	<b>N</b>
2. Business	7.🖵	Other Work	Use	1		Demand	7	zargo Airoran	6.□	Cargo	
3. Educational 4. Executive/Corporate		I Public Use I Ferry			5. Co	mmuter	FAR 1		7. S	pecify	
5. Aerial Application		Positioning					8.4	Foreign			
Pilot Information			terre tau i	i ayya a sa	alan Para		er er va				
Pilot Name		Pilot	Certificate	No.		Address_				Nati	onality
Gary Norris						Godo	ard. I	(S 670	15.2	Ame	rican-
Certificate (s)							•			_	
1. Student		ommercial			ight Instru		7. Mil	itary		.☐ None	
2. Private	4.∟i A	irline Transp	ort	6.LJ F	light Engi	neer —————	<b>8.</b> □ Fo			.Specify	
Rating (s)						Rating (s)	I	structor Rati		• 🗇	
1. None		Helicopter			I.□ None 2.⋤ Airpl	-		None Airplane S			nent Airplane Ient Helicopter
2. Single Engine Land 3. Single Engine Sea		Ĵ Glider Ĵ Free Ballo	on		B. Helio		3.5	Airplane N	M.E.	8. Ground	Instructor
4. Multiengine Land	9.0	Airship				,			•	9. Specif	/
5. Multiengine Sea	10.	Gyroplane	! 						- 6		
Type Ratings/Student End	lorsements					ennial Flight ent (M/D/Y)	Review	BFR Aircr		<del>ostar</del>	
				O	-	•		2. Mode	OI ACI	erstar	
		I 5	-4 88 a di - al		1-13 Limitatio					Date Of Birt	
Medical Certificate		Date Of La (M/D/Y)	st Medicai							Dute Of Dir	(
<b>1.</b> None <b>3.</b> □ Cl. <b>2.</b> □ Class 1 <b>4.</b> □ Cl		1-25	00	ļ	Waivers 1						1
Z. Li Class 1 432 Cl	a55 U	1-23	-00			NA					1
Degree Of Injury	Seat Occu				Person A	At Controls	At Time Of	Accident		1	t Available
1, None 2. Minor	1-↓□ Left  2.□ Right		Front Rear			t In Control		on-Pilot		1.⊠ Yes 2.□ No	
3.☐ Serious	3. Cente		<b>-</b> 11001		2.☐ Sec 3.☐ Both	ond Pilot n Pilots	5.□ N	o One			
4.☐ Fatal							Source	Of Pilot Fligi	nt Time Info	rmation	
Seat Belt	Shoulder	Harness	Sho		larness			ot Logbook		☐ Company	,
Used	Available						2. Op	erators Estim		☐ Specify_	
<b>1.</b> □ Yes <b>2.</b> □ No	1. → Yes 2.  No		1 <sub>3</sub> 2.	nes No			3.□ FA	A Records			
2.3 110		This Make	Airplane		rplane		Inst	rument			Lighter
Flight Time	All A/C		Single Engin		tiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	1100		500		600		122	3 104	0	<b>_</b>	
Pilot In Command (PIC)	950	67.1	500				122.3	1-4.			
Instructor	330	07.1	300				1				
This Make & Model						12.0	19.0				
Last 90 Days	65.0	44.0		1	4.0	12.0	9.0				
Last 30 Days	15.0	15.0		15		3.2	3.7			<del> </del>	<del></del>
Last 24 Hours	4.1	4.1		4.		J	1.5				<u> </u>
Second Pilot Information		1 July 1984 19	<u> </u>	<u> </u>	±						
Second Pilot Responsibil	lities At The Dual Student	t 3. 🖵	cident Safety Pilot	4	<b>1.</b> □ Chec	ck Pilot	5.□ Non	e (Pilot-Rate	d Passenge	r)	
		Pile	ot Certificat	te No.		Address				Na	tionality
Pilot Name		ļ									
											<u></u> -
Certificate (s)	3.□	Commercial		5.□	Flight Ins	tructor	7. 🗆 N			9.None	<u>.</u>
		Commercial Airline Trans			Flight Ins Flight En			Military Foreign		9.None 0.Specify	-

÷.

Second Pilot Information	(cont.)															
Rating (s)					instru			ng (s)			ructor Rat	ing (s)				
1. None 2. Single Engine Land 3. Single Engine Sea 4. Multiengine Land 5. Multiengine Sea	7.🖵 8.🖵 9.🗀	Helicopter Glider Free Ballo Airship Gyroplane	on		2.	None Airpla Helico	ne	r		2. 3. 4.	None Airplane S Airplane M Helicopter Glider	۸.E.	7.□ 8.□	instr Gro	umen und ir	nt Airplane t Helicopter nstructor
Type Ratings/Student Endorsements								I Flight M/D/Y)	Revie	w	BFR Airci 1. Make 2. Mode					
Medical Certificate		Date Of La	ast Medic	al	Limi	itation	S	<del></del>			L		Dat	e Of E	irth (	M/D/Y)
1.☐ None 3.☐ Class 1 4.☐ Class 1		(M/D/Y)			Wai	vers						<del>- ,- ,- ,-</del> ,-	-			
Degree Of Injury  1. None 2. Minor 4.	Serious Fatal	1.0	Left Right	oied		3.□ 4.□				5.	Rear		-	Seat B	95	vailable
Seat Belt Used 1. Yes	Shoulder I Available 1. Yes	larness	U 1.	houlder sed . Yes	r Harne	ess			2.🔲 🔻	Opera	Logbook ators Estim Records			Compa Specify		
2. No	2. No	This Make		No ne	Airplaı	ne	_			nstru	ment		$\neg$			Lighter
Flight Time	All A/C	& Model			ultienç			light	Actu		Simulated	Rotorcra	ft	Glide	r	Than Air
Total Time			<u> </u>	_												
Pilot In Command (PIC)	<u></u>		<b></b> _						ļ							
Instructor			<u> </u>						<u> </u>							
This Make & Model																
Last 90 Days															l	
Last 30 Days																
Last 24 Hours									L							
Other Personnel																
Name	Seat	Addr	ess (City	& State	e)	Cre	w	Non- Revenu	e Rev	enue	Non- Occup		A F	atal Se	rious	Minor None
1.																
2.																
3.																
4.						,										
5.				· · · · ·					1							
6.																
Flight Itinerary Informatio	n					30.0				ej 44				- F1 - AB	<b>∵</b> …	
Last Departure Point		Time Of D	eparture	<u> </u>	De	estinat	tìon				Flight P	lan Filed				
1. Airport ID <u>ICT</u>		1. Time 1	0.24		_  1.	Airpor	t ID	ABO			1.🛄 No	ne		4.🔲 🕚		
2. City/Place Wichi	ta	l			2.	City/PI	lace	Abu	ran	rai	2. U VF	R				any (VFR)
3. State KS 2. Time Zone CST 3. State NM 3. State NM 6. 2. Villiary (VFH)																
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																
College AD 445/445 7 Specify						rng										
Pounds 3. 100/130 6. Automotive																
Other Services, If Any, Prior to Departure																
added 1 qt. of oil to each engine when fueling																
Weather Information At T	ne Acciden	t Site										1,00				- (0=)
Source Of Weather Inform		1)	, •	Conditi	on	<u> </u>		ı-		· ~		Visibilit	y		ıem	p (°F)
(Pilot/Operator, Weather Observation)  1. Dawn 2. Dayligh					3.☐ Dusk 5.☐ Dark Night					10		/liles	ا	6		

Weather Information At The Acc	ident Site (cont.)				
Dew Point Altimeter	Sky/Lowest Cloud Condition	n			
Setting 28 (°F) 3012 "F	1. Clear 2. Scattered 25,000 3. Broken		5. 🔲 P	Overcast	Feet AGL
Wind Information 1.Direction 140 2. Velocity 13 Kts	Restriction To Visibility	Туре	e Precipitation	Intensity Of Precipi 1.☐ Light	3.☐ Heavy
2. Velocity 13 Kts 3. Gusts 17 Kts	None		none	2. Moderate	4.Specify
Turbulence (Multiple Entry)		<u> </u>			
I.□ None 2.☐ Light	3. ₩ Moderate 4.	I. Severe	5. Extreme	6.☐ Clean A	ir 7. In Clouds
Damage To Aircraft And Other I	Property				
Degree Of Aircraft Damage  1. None  2. Minor	3.— Substantial 4.□	Destroyed		Fire 1.☐ Yes 2x☐ No	3.☐ In-Flight 4.☐ On Ground
Description Of Damage To Aircra	an And Other Property damaged due to s	kidding b	oth prop	s sturck ru	unway
Mechanical Malfunction Failure					
1. No	The Dort Manufacturer Dort No.	Sorial No		<u>Total</u>	Time
2. Yes List The Name Of And Describe The	i The Part, Manufacturer, Part No., e Failure	., Seriai NO.			A. O
				On Part	At Overhaul
Do not know wh	y engine failed			Hours	Hours
Collision Accident					
If Collision Accident Occurred, Co	<u> </u>			D 04 Alexa	-4 Damas
Registration Mark	Aircraft Manufacturer	Aircraft Type/Mod	lei	1. Destroyed 2. Substantial	3. Minor
Registered Aircraft Owner		Addre	ss		
Pilot Name	Address			Pilot Certi	ficate No.
Evacuation Of Aircraft		1			
Assistance Received					
1. Outside Person (s) 2. Auxiliary Lighting	3.□ Slide 4.□ Rope			5. Ladder 6. Specify	
	nate Number Of Persons Using Auxiliary Door 3. Em		ving		
Recommendation (How Could	This Accident Have Been Preven	ented)			
Operator/Owner Safety Recommo	endation (Optional Entry)				

Additional Flight Crew Membe						
or Each Additional Flight Cre	w Member, Excl	usive Of Cabin Attend	ants Con	plete The Following Info	rmation	
ame		FAA Certificate No.		Address		Title
ertificate(s)						
ertificate(s)  Student Private	3.☐ Com	mercial	5.🖵	Flight Instructor	7. Foreign	
☐ Private	4. Airlin	e Transport	6.□	Flight Engineer		
atings/Endorsements		<del></del>		Total Flight Time	Flight Tim	e This Accident
ame		FAA Certificate No.		Address		Title
						_
ertificate(s)  Student	3.□ Com	moroial .	<b>5</b> 🗀	Flight Instructor	7 D. Farrian	
Private	4. Airlin	e Transport	6.□	Flight Engineer	<b>7.</b> ☐ Foreign <b>8.</b> Specify	
atings/Endorsements	* - 10	* ::		Total Flight Time	Flight Tim	e This Accident
ame		FAA Certificate No.		Address		Title
artificato(a)						
ertificate(s)  Student Private	3.☐ Com 4.☐ Airlin	mercial e Transport	5.□ 6.□	Flight Instructor Flight Engineer	7. Foreign 8. Specify	
atings/Endorsements				Total Flight Time	Flight Tin	ne 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 I asked for missed approach due to inability to keep instantly quit. 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 As i approached the runway, I was very low so I waited as emergency. 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	re Information Is Complete And Acçurate To The	Best Of My Knowledge				
Date Of This Report 5/9/02	A CONTRACTOR OF THE PROPERTY O					
Signature Of Person Filing Rep	ort 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			
F7W02LA142	ARLINGTON TY	ROACH	05/20/02			

# FEDERAL AVIATION ADMINISTRATION STATEMENT OF WITNESS

Cary Norvis	Goddaroks 67025	AGE 4/9/02
MPLETE HOME ADDRESS 7		11/0-
TE AND PLACE OF INCIDENT		SOFF EMP
THE WERE YOU AT TIME OF INC.	N E	
NUMBER	AIRCRAFT IDENTIFICATION COLOR	OTHER DESCRIPTION
16186	111. 1. Black	

LIGS Cleared to Land On long Final Turbulance was strong with X wind, Had conversation with controlor about using different junuary. All At our lost engine Immediatly boked At fortguages, one Thousand low, thought maybe I feed would help. Changed & feed a Nothland Controlor that I had bot an engine uncerted to go anoward. Came back stroughd to soft up for landing after deformining that I could hold their Aradoing with x wind a legine tried to start them died. I tamediately Closued the Air plane up a serviced lagrame, by this time was very low, waited up til last minute to chap gran so that I could Maintain all titude a grape did not some obour fast enough. Equated, Secured Infines a Burkly exiled Airplane.

	(If more space required, continue on reverse.)	
DATE 4/9/02	SIGNATURE	
GRA-HAMELYA CITTI AND CHETE		
		CE FORM 617' (6/69)
	· ·	

CE FORM 637' (6/69)

SEA-KAHEAI CITY-LY-METS

## FEDERAL AVIATION ADMINISTRATION STATEMENT OF WITNESS

Brandon Donn M	ovis	·
NAX COMPLETE HOME ADDRESS		OZ5 AGE
05/09/02- DATE AND PLACE OF INCIDENT		OCCUPATION
In the plane		Detailer_
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 T	HE INCIDENT OCCURRED:
We were coming in	about 300 more mil	es from airport
and my morn hollered out because		•
didnothing anything of	it and then the	Delat soil
tower we last an en	Who is in a lot	La milia d
tower we lost an er	The we ken to a	o missed
Offrood and Circle in	. Tower grante	1 it oud
he was comery around a	nd towar assel (	on your take.
Trother run way and I	re soid termes we	Mult not
whe it I need to recover	The Dollars 1	10 1
whe it. I need to request runway. He said of gr Typed to wake it to the runa	anto Class	holing. I heed ony
men to un har to the miner	m la pulla de	Come around and
U		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
we on down and then I ve all bailed out and the fire	. Crew ourined, no inju	ries what so ever
5/9/02 (11 mm	ore space required, continue on rev	erse.)
BATE	SIGNATURE ,	

#### FEDERAL AVIATION ADMINISTRATION STATEMENT OF WITNESS

At A Sager		
NAME Amoda N. No	orris	AGE 21
COMPLETE HOME ABORESS	changy ka	(2005)
DATE AND PLACE OF INCIDENT		OCCUPATION
WHERE WERE YOU AT TIME OF INCIDENT	eg -	rangeroral
,		<i>~</i> 1
in the Orans Di	AIRCRAFT IDENTIFICATION	<u>n</u>
NUMBER	COLOR	OTHER DESCRIPTION
TELL IN YOUR OWN WORDS WHAT YOU SAW	AND HEARD BEFORE AND AT THE TIME ?	THE INCIDENT OCCURRED:
took an ender	10 00 mentes 00 0	to mat that
took on engen	7	The same of the sa
me neg to de	de brusios q	voor or mor
recenuer at	som puch)	see from
it son their	WORK FOR	- 1 Julies Mases
Brought plan	no source on	etherage by
modern coor	eton bib	Lanna escar
and a series	.W.	0.7/3.7
Springed gol, ba	mil-contor	of sometime.
erroll boths	<u>.</u> . \( \)	
•		

	(If more space required, continue on reverse.)	
DATE	STENATURE	
5-9-09		
GEA RAPEAS CITY-67-000TE	-32	FORM 657' (6/69)

#### FEDERAL AVIATION ADMINISTRATION STATEMENT OF WITNESS

Thestin Norris		. //.
XAME		AGE
COMPLETE HOME ADDRESS		
5/9/02 Albagae DATE AND PLACE OF INCIDENT	que, NM	OCCUPATION
_		UCEUPATION
The aircraft WHERE WERE YOU AT TIME OF INCIDENT?		
	ALRCRAFT IDENTIFICATION	
NUMBER	COLOR	OTHER DESCRIPTION
TELL IN YOUR OWN WORDS WHAT YOU SAW A	IND HEARD BEFORE AND AT THE TIM	E THE INCIDENT OCCURRED:
· · · · · · · · · · · · · · · · · · ·		· ·
After Flying For about	I hour and 47 minu	tes the plane lunged
and I knew that the	ing ine had diedo l	we were on timal
For runway 3 and 7	hepilot asked Fo	or amissed approach
and went around, w	e flew on one e	ngine after circling
to the lette We se	emed to be true!	ng to maintain altitude
but between the ac.	inds and cirplan	e were deopping. Fishede we maintained
Finally when we were	at a pose al	tidude we maintained
it and the pitot re	quested an emo	gency landing when
We came down for to	nal we had to ba	nk Far to the right
to make the surving	and I Hough 1 I	heard the landing
glargo down o Beta	e we touched do	on it seemed like
we theated for some	time det and t	then hit the ground
and skilded Strait	down the running	until We came for
a step and let & fue p	Court.	
(If more	space required, continue on r	everse.)
DATE	STENATURE	P-
ORA-GLINEAS CITY-AFARETS		CE PORM 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.

 $Item\ 6.\ Self\text{-}Explanatory.$ 

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.



### **BUSINESS REPLY**

FIRST-CLASS MAIL PERMIT NO. 99055 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

(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

Atlanta, GA

Chicago, IL

Denver, CO

Fort Worth, TX

Los Angeles, CA

Miami, FL

Parsippany, NJ

Seattle, WA

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)