## NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <a href="http://www.ntsb.gov">http://www.ntsb.gov</a>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

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

#### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). 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. An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident 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 associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

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

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

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

5. "Serious Injury" means any injury that (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 fingers, toes, or nose); (3) causes 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. If more space is needed, continue on a blank sheet.

*Nearest City/Place:* Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

*Max Gross Weight:* Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

*Airworthiness Certificate:* For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

*Type of Fire Extinguishing System:* If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

*Engine:* Enter engine make and model information as indicated on the engine data plate.

*Owner/Operator Information:* Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

*Revenue Sightseeing Flight:* Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under FAR Part 91 at the time of the accident.

*Public Use:* Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

*Air Medical Flight:* Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

NTSB Form 6120.1 (rev. 2/2011). This form replaces 6120.1/2.

*Purpose of Flight (FAR 91, 103, 133, 137):* Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

*Other Aircraft* – *Collision:* For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

*Airport Information:* Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

*Runway:* Indicate the number of the runway used, including L, R, or C if applicable.

*Runway/Landing Surface:* Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

*Condition of Runway/Landing Surface:* Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

*Sky/Lowest Cloud Condition:* Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

*Pilot Information:* Indicate the category that best descr bes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

*Degree of Injury:* See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

*Date of Last Flight Review or Equivalent:* Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

*Type Ratings:* List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

*Student Endorsements:* If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

*Flight Time:* Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to <a href="http://www.ntsb.gov">http://www.ntsb.gov</a>>.

## 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

BASI			-	-									
	nt/Incident Locat						Date	/Time					
Nearest City/Place: SEA State: WA						WA	Date: 12/19/2015 Local Time: 0831						
ZIP: 98					_		Date.				1 line. <u>000</u>	01	
		decimal degr		ude: 122.	3W	(E/W)				Time	Zone: PS	Т	
Collision with Other Aircraft O Midair O On-ground O None													
AIRCE	RAFT INFOR		N										
	ation Number:						Maximum Gross Weight: 188,200 lbs						
Manufa	acturer: Boeing						W	Veight at Tin	ne of Accid	ent/Inci	dent: <u>147</u>	7,100	lbs
Model:	737-990ER						Ν	umber of Se	ats: 191		Flight Cre	w Seats: 4	
	umber: 40716			Amateur-	built:	OYes ON		abin Crew Seat					
	Manufacture: 2			OK	Cit/Plan			umber of En	igines: 2				
					/lake:	Design	-						
Catago	wy of Ainonaft	Turns of	Ainmonthinoss (		-	-				E	<b>T</b>		
OGlider INormal Lir OGyrocraft Utility Pro OHelicopter Acrobatic Sp OPowered lift ITransport Exp			(Check all that			hat app ian	nt apply) Unknown I Retractable Tailwheel M High Skid Unknown O Reciprocating Fuel O Turbo Shaft O Turbo Prop O Turbo Jet O Turbo Fan O Electric			Fuel System (Reciproca OCarbus OFuel In	ting) retor		
								Date	Rated Pow		Total		Since:
Engine	Engine Manufact	urer	Engine Model/Series			ufacturer's I Number		of Mfg. mm/dd/yyyy	<ul> <li>Horsep</li> <li>Ibs of 1</li> </ul>		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng 1	CFM Internationa		CFM56-7B27E	862176		76		5/18/2015	27,000		2084	2084	2084
Eng 2	CFM Internationa	I	CFM56-7B27E	862186		86		5/18/2015	27,000		2084	2084	2084
Eng 3													
Eng 4									L				
Last In	spection Type			ELT In				vated				Check all that	t apply)
Q100 H		uous Airwo		⊙Yes	-	-		No		rame Para le of Atta	chute ck Indicato	r	
	-	ional Inspector	ction	ELT Aided in Locating A			cciden	t/Incident	✓ Aut	o-Pilot		-	
_	ast Inspection: _1		5	OYes ONo						a Recorder		Display	
Date La	ast inspection.	mm/dd/yyy		ELT Manufacturer: ELTA				Z Electronic Multifunc     Electronic Primary F					
Airfran	ne Total Time: <u>1</u>		hrs	Model/Series: ADT 406S Serial Number: 15170504					Han	dheld GP	s		
	rs measured at (che			Battery 1					. —	ds Up Dis Equipmer			
⊙L	ast Inspection	)Time of A	ccident/Incident			ate: 04/2020	)		🗸 Onb	oard Wea	ther		
Type of Maintananae Program				D					✓ Stal	l Warning	System		
Type of Maintenance Program O Annual				Propello OFixed									
O Conditional (Amateur-built only)				OContro		Pitch							
	facturer's Inspection Approved Inspection			Manufac	cturer:								
	nuous Airworthines		(AAIP)	Model:									
O Other	, specify:			Type of D ONone OSpecif		axtinguishing	g Syste	m	-				

<b>OWNER/OPERATOR INFORMA</b>	TION					
Registered Aircraft Owner			Owner Address			
Name: Alaska Airlines			City: Seattle			
Fractional Ownership Aircraft: O Yes O	No		State:         WA         ZIP:         98168           Country:         USA			
<b>Operator of Aircraft</b> Same As Re	gistered Owner		Operator Address I Same As Registered Owner			
			City:			
Doing Business As: Air Carrier/Operator Designator (4 Characte	r Code)		State:            Country:			
Commercial Operating Certificate Held	Regulation Flight Conducted Und		Operation			
(Check all that apply) None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135)	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 91 Special Flight ONon-US, Commercial	©Scheda ONon-S Cargo Ope ©Passen OCargo	ıger			
□Large Helicopter (127) □ Rotorcraft External Load (133)	ONon-US, Non-commercial OArmed Forces	Purpose for FAR 9	of Flight 91, 103, 133, 137 (Select one)			
- or - Agricultural Aircraft (137)	OPublic Use (select type)	OPerson	al OBanner Tow OPositioning			
Other Operator of Large Aircraft	OFederal OState OLocal	OBusiness         OGlider Tow         OPublic Use           OExecutive/Corporate         OSkydiving         OFirefighting           OOther Work Use         OFirefighting         OUnknown				
I	OUnknown	OAir Ra OAir Dr	rop OAerial Application OAerial Observation			
Revenue Sightseeing Flight OYes ONo	Air Medical Flight O Yes O No	OFlight				
AIRPORT INFORMATION (If the	accident/incident occurred on appro	oach, takeoff oi	r within 3 miles of an airport, complete this section)			
Airport Name: Seattle Tacoma Interna			m Airport Center:SM			
Airport Identifier: KSEA			om Airport: degrees			
Proximity to Airport: O Off Airport/Airstrip	• On Airport/Airstrip ONA	Airport Elevation: 433 ft. MSL				
Runway Information           Runway ID: 16C         (L/R/C) Length: 942		Condition of Runway/Landing Surface       (Check all that apply)         Dry       Snow-Compacted       Water-Calm         Holes       Snow-Crusted       Water-Choppy				
Runway/Landing Surface (Check all that a)         Asphalt       Grass/Turf         Concrete       Gravel         Dirt       Ice	dam 🔲 Water /Wood	<ul> <li>Ice Covered</li> <li>Rough</li> <li>Rubber Depo</li> <li>Slush Covered</li> </ul>	□ Snow-Wet			
Approach Segment (Select one)						
O On Instrument Approach O Crosswind O Downw		OF	inal O Go Around Aborted Landing (after touchdown) O Unknown			
<b>IFR Approach</b> (Check all that apply)	ma O Low Approach	-	the (Check all that apply)			
None     PAR       ADF/NDB     Sidestep       SDF     ILS       VOR/TVOR     Localizer Only       VOR/DME     LOC-back course       TACAN     RNAV	MLS       Practice         LDA       GPS         ASR       Loran         Visual       Unknown         Contact       Circling	<ul> <li>None</li> <li>Traffic Patter</li> <li>Straight-In</li> <li>Valley/Terrai</li> <li>Go Around</li> <li>Full Stop</li> </ul>	m Stop and Go Touch and Go Simulated Forced Landing			

PILOT "A" INFORMATION												
Pilot "A" Responsibilities at the Time of Accident/Incident												
Pilot     O Co-Pilot	O Student Pilot	OFlight I	nstructor (	Check Pilot	OFligh	nt Engineer	O Other 1	Flight Crew				
Pilot "A" Identification												
First Name: John				C	ity: _							
Middle Initial: D State: ZIP:												
Last Name: Lien Country:												
Age at time of Accident/Incident:       58       Date of Birth:       Certificate Number:         mm/dd/yyyy       Certificate Number:       Certificate Number:												
Degree of Injury	Seat Occup	pied			vailable R	estraint Ty	pe	Restraint	Used			
None O Fatal     Minor O Unknown	<ul> <li>Left</li> <li>Right</li> </ul>	O Front O Rear	O Unkno	-	None Lap only	04-1		O None		-point		
O Serious	O Center	O Kear O Single			3-point	⊙ 5- <u>r</u> O Un	known	O Lap only O 3-point		-point Jnknown		
Pilot Certificate(s) (Check all that apply)												
□ None □ St	udent	Recre		Commer			Flight Engin	neer	Foreign			
Private F1	ight Instructor	Sport Sport	:	Airline	Fransport		U.S. Militar	-				
Principal Occupation	Medical Certifi					rtificate Va	-	Date of L	ast Medica	1		
Pilot	O None ( ⊙ Class 1 (	Class 3	ense (Sport Pilo			nitations/wai tions/waiver		10/05/2	2015			
O Other O Unknown		Unknown	ense (Sport Filo		Unknown	uons/warver	5					
Ŭ	•	•			Special Iss N/A	uance						
Medical Certificate Limit	ations			10	N/A							
Must wear corrective lenses		for near/inter	mediate visior	n.								
	5											
Medical Certificate Specia	al Issuance											
None.												
Date of Last Flight Review or Equivalent, Including	v	Fligh	t Review Air	craft								
FAR 121/135 Checks:	06/12/2015	Make	Boeing									
	mm/dd/yyyy	Mode	I: <u>737</u>									
Airplane Rating(s)	Other Aircra			nent Rating(	s)		r Rating(s)					
(Check all that apply)	(Check all that)	apply)	•	ll that apply)		(Check all	that apply)	_				
None Single-Engine Land	Airship		None     None     Airpl	ane		□ None □ Airplan	e Single-Eng		Instrument Instrument			
Single-Engine Sea	Free Balloon	n	Helic	opter		Airplan	e Multi-Engi	ne	Helicopter			
<ul> <li>Multiengine Land</li> <li>Multiengine Sea</li> </ul>	Glider Gyroplane		Powe	red Lift		Gyropla			Glider Sport			
	Helicopter					Powere			spon			
<b>T D</b> 4	Powered Life	t				<b>a</b> . <b>b</b> . <b>r</b>						
Type Ratings						Student E	Endorseme	nts (Include d	dates)			
B737, SA227												
Flight Time (enter appropria	110 411	This Male	Airplane	A		Inst	rument			Linker		
number of hours in each box)	ate <u>All</u> Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air		
Total Time		12,328										
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days		175										
Last 30 Days		70										
Last 24 Hours		10										

PILOT "B" INFORMATION												
Pilot "B" Responsibilities at the Time of Accident/Incident												
OPilot OCo-Pilot	O Student Pilot	OFlight Is	nstructor C	Check Pilo	t OFlig	ght Engineer	OOther	Flight Crew				
Pilot "B" Identification												
First Name: Chad	First Name: Chad City:											
Middle Initial: State: ZIP												
Last Name: Van Someren Country:												
Age at time of Accident/Incident: Date of Birth: Certificate Number:												
Degree of Injury	Seat Occupied	l		А	vailable F	Restraint Ty	pe	Restraint U	Jsed			
None     O Fatal	O Left	O Front	O Unknown		None	Q 4-po		O None		point		
O Minor O Unknown O Serious	Right     Center	O Rear O Single			Lap only 3-point	© 5-pc O Unk		O Lap only O 3-point	OU	point nknown		
O Serious O Center O Single O 3-point O Unknown O 3-point O Unknown Pilot Certificate(s) (Check all that apply)												
□ None □ Stu		Recre	ational	Comm	ercial		Flight Engi	neer	Foreign			
Private Fli	ght Instructor	Sport Sport		Airline	Transport		U.S. Militar	у	-			
Principal Occupation	Medical Certifica	ite		N	Aedical Ce	ertificate Va	lidity	Date of L	ast Medica	1		
• Pilot		Class 3				imitations/waiv		01/06/20	015			
O Other O Unknown		Driver's Lice Unknown	nse (Sport Pilot	only)	Unknown	tations/waivers	5					
O CHIMIOWII		Chikhowh		Ċ	Special I							
					D N/A							
Medical Certificate Limita	tions											
None												
Medical Certificate Waive	rs											
None												
Date of Last Flight Review	7	Flight	t Review Airc	raft								
or Equivalent, Including FAR 121/135 Checks:	04/30/2015	Make:	Boeing									
	mm/dd/yyyy	Model	: 737									
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrum	ent Rating	g(s)	Instructor	Rating(s)					
(Check all that apply)	(Check all that ap	ply)		l that apply)	)	(Check all th						
<ul> <li>None</li> <li>Single-Engine Land</li> </ul>	<ul> <li>None</li> <li>Airship</li> </ul>		None			None None	с: 1 <b>г</b> . :		Instrument A			
Single-Engine Land ■ Single-Engine Sea	Free Balloon		Airpla			Airplane			Instrument H Helicopter	elicopter		
Multiengine Land	Glider		Power	-		Gyroplan	e		Glider			
☐ Multiengine Sea	Gyroplane Helicopter					Powered	Lift		Sport			
	Powered Lift											
Type Ratings						Student Er	ıdorsemen	ts (Include da	ites)			
B737												
			Airplane			Inch	rument					
Flight Time (enter appropriation number of hours in each box)	All Aircraft	This Make & Model	Single	Airplane Multiengi			Simulated	Rotorcraft	Glider	Lighter Than Air		
Total Time	. in crait	949	Engine	Multicingi	rugii		Similated	Rotorcialt	Ghuei	T und All		
Pilot in Command (PIC)	+ +	010										
Time as Instructor	+ +											
This Make/Model												
Last 90 Days		244										
Last 30 Days		91										
Last 24 Hours		10										

ADDITIONAL FLIC	GHT CREW MEMB	ERS (Exc	lusive of cat	oin attendant	s, complete t	the following inform	ation)	
Pilot Name and Addr	ess						Degree of In	ıjury
First Name:			City:				O None	O Fatal
Middle Initial:	_		State:	ZIP:			O Minor	O Unknown
Last Name:			Country:				O Serious	
Pilot Certificate(s) (C	heck all that apply)						Seat Occup	ied
□ None □ Studer	nt Recreation	onal 🗖 C	ommercial	🗖 F1	ight Engineer	Foreign	O Left	O Front
Private Flight	Instructor Sport		irline Transpo	ort 🔲 U.	S. Military		O Right	O Rear
Type Rating/Endorse			Total Flig	ht Time at tl	ie Time		O Center	O Single
Accident/Incident Air	craft? 🛛 Yes 🗖	No	of this Acc	cident/Incide	nt:	hrs		O Unknown
Pilot Name and Addr	229						Degree of I	ninev
							O None	O Fatal
First Name: Middle Initial:			City:	710-			O Minor	O Unknown
Last Name:	-		Country:	ZIF			O Serious	-
Pilot Certificate(s) (C							Seat Occupi	ed
□ None □ Studer			ommercial	🗖 ធ	ight Engineer	Foreign	O Left	O Front
	Instructor Sport		irline Transpo	ort 🔲 U.	S. Military	- Poreign	O Right	O Rear
Type Rating/Endorse				ht Time at th			O Center	O Single
Accident/Incident Air		No		cident/Incide		hrs		O Unknown
Pilot Name and Addr	ess						Degree of I	niurv
			<i>c</i> :				O None	O Fatal
First Name: Middle Initial:			City:	ZIP:			O Minor	O Unknown
Last Name:	-						O Serious	
Pilot Certificate(s) (C							Seat Occupi	ied
□ None □ Studer		onal 🗖 C	ommercial	<b>D E</b> I	ight Engineer	Foreign	O Left	O Front
	Instructor Sport		irline Transpo		S. Military	- Torcign	O Right	O Rear
Type Rating/Endorse				ht Time at tl	-		O Center	O Single
Accident/Incident Air		No			nt:	hrs		O Unknown
PASSENGER(S) /	OTHER PERSONN	VEL (Inclu	de flight atte	endants: con	tinue on sen	arate sheet if neces	sarv)	
PASSENGER(S) /	OTHER PERSONN	NEL (Inclu	de flight atte	endants; con	tinue on sep	arate sheet if neces		
PASSENGER(S) / Name and Address	OTHER PERSONN	NEL (Inclu	de flight atte	endants; con Seat	tinue on sep Injury	arate sheet if necess Restraint Type	Inflatable	Age
Name and Address			de flight atte	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Name and Address	City:						Inflatable	Under 5 years If Under 5,
Name and Address First Name: Middle Initial:	City: State:	ZIP:		Seat OLeft OCenter ORight	Injury O None O Minor O Serious	Restraint Type ONone OLap Belt O Shoulder Harness	Inflatable Restraints Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name:	City: State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal	Restraint Type ONone OLap Belt O Shoulder Harness O Inflatable	Inflatable Restraints Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial:	City: State:	ZIP:		Seat OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown	Restraint Type ONone OLap Belt OShoulder Harness OInflatable OUnknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: O Crew First Name:	City: State: Country: OPassenger City:	ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None	Restraint Type ONone OLap Belt OShoulder Harness OInflatable OUnknown ONone	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:	City: State: Country: OPassenger City: State:	ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint Type ONone OLap Belt OShoulder Harness OInflatable OUnknown ONone OLap Belt	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:	City: State: Country: OPassenger City: State: Country:	ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable	Inflatable Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:	City: State: Country: OPassenger City: State: Country:	ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Installed Installed Installed Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         O Crew         O Crew         Crew         O Crew         O Crew         O Crew	City: State: OPassenger City: State: Country: OPassenger	ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None	Inflatable Restraints Not Installed Installed Deployed Unknown Installed Installed Unknown Installed Deployed Unknown Installed Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Middle Initial:	City: OPassenger Country: OPassenger City: State: OPassenger OPassenger City: City: State:	ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O None O Minor	Restraint Type ONone OLap Belt OShoulder Harness OInflatable OUnknown OLap Belt OShoulder Harness OInflatable OUnknown ONone OLap Belt	Inflatable Restraints Not Installed Installed Deployed Unknown Installed Installed Not Installed Installed Deployed Unknown Installed Deployed Unknown Installed Installed Installed Installed Installed Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, □ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         O Crew         O Crew         Crew         O Crew         O Crew         O Crew	City: OPassenger Country: OPassenger City: State: OPassenger OPassenger City: City: State:	ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter OLeft OCenter OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O None O Lap Belt O Shoulder Harness	Inflatable Restraints Not Installed Installed Deployed Unknown Installed Installed Unknown Installed Deployed Unknown Installed Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Child Restraint
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Middle Initial:	City: OPassenger Country: OPassenger City: State: OPassenger OPassenger City: City: State:	ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O None O Minor	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt	Inflatable Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, □ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         O Crew	City: Country: OPassenger City: City: OPassenger Country: OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Serious O Fatal O Serious O Fatal O None	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Inflatable O Inflatable O Unknown O None	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Deployed Unknown Installed In	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         O Crew         First Name:         Pirst Name:	City: Country: OPassenger City: City: OPassenger OPassenger City: Country: OPassenger OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt	Inflatable Restraints Not Installed Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Middle Initial:	City: OPassenger Country: OPassenger City: Country: OPassenger City: City: OPassenger OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Serious O Serious	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness	Inflatable Restraints  Not Installed Installed Unknown Installed Installed Installed Installed Installed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Middle Initial:	City:           State:           Country:           OPassenger           City:           State:           Country:           OPassenger           OPassenger           OPassenger           OPassenger           OPassenger           OPassenger           City:           OPassenger           City:           State:           Country:           OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints Not Installed Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:         O Crew	City: Country: OPassenger City: Country: OPassenger OPassenger City: Country: OPassenger OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints  Not Installed Installed Deployed Unknown Installed Not Deployed Unknown Installed Not Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew	City: OPassenger Country: OPassenger City: OPassenger OPassenger City: OPassenger OPassenger City: OPassenger OPassenger City: OPassenger City: Country: OPassenger City: Country:	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O None O Minor	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints  Not Installed Installed Deployed Unknown Installed Deployed Unknown Installed Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:         Middle Initial:         Middle Initial:	City: Country: OPassenger City: Country: OPassenger OPassenger City: OPassenger OPassenger OPassenger OPassenger OPassenger OPassenger City: OPassenger City: Country: OPassenger City: Country: OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints  Not Installed Installed Deployed Unknown Installed Deployed Unknown Installed Deployed Unknown Installed Installed Installed Installed Installed Installed Installed Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:         Last Name:	City: OPassenger Country: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: Country: OPassenger City: Country: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints  Not Installed Installed Unknown Installed I	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown □ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:         Middle Initial:         Middle Initial:	City: Country: OPassenger City: Country: OPassenger OPassenger City: OPassenger OPassenger OPassenger OPassenger OPassenger OPassenger City: OPassenger City: Country: OPassenger City: Country: OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OUNKNOWN Row: OLeft OCENTE ORIGH OUNKNOWN Row: OLeft OCENTE ORIGH OUNKNOWN Row: OLeft OCENTE ON OUNKNOWN Row: OLeft OCENTE ON OUNKNOWN Row: OUNKNOWN RO	Injury O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew	City: OPassenger Country: OPassenger City: OPassenger Country: OPassenger City: OPassenger Country: OPassenger Country: OPassenger Country: OPassenger Country: OPassenger Country: OPassenger City: Country: OPassenger City: Country:	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None	Inflatable Restraints  Not Installed  Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew         First Name:         Middle Initial:         Last Name:         Middle Initial:	City: OPassenger Country: OPassenger Country: OPassenger OPassenger City: OPassenger OPassenger Country: OPassenger Country: OPassenger Country: OPassenger Country: OPassenger Country: OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O None O Minor	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None O Lap Belt O Shoulder Harness O Inflatable O Unknown	Inflatable Restraints  Not Installed Installed Unknown Installed I	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address         First Name:         Middle Initial:         Last Name:         O Crew	City: OPassenger Country: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: OPassenger City: Country: OPassenger	ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP: O Other ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint Type O None O Lap Belt O Shoulder Harness O Inflatable O Unknown O None	Inflatable Restraints  Not Installed  Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown

FLIGHT ITINER	ARY INFORMA	TION		
Last Departure Poin	nt	Time of Departu	re Destination	Type Flight Plan Filed
Airport ID: ORD		Time: 0617	Airport ID: SEA	None VFR/IFR
City: Chicago		1 ime: 0017	City: Seattle	Company VFR ☑ IFR Military VFR ☑ Unknown
State: IL		Time Zone: CST	State: WA	
Country: USA			Country: USA	Activated? 🔽 Yes 🔲 No
Type of ATC Cleara	ance/Service (Check	all that apply)		
None	Special VFR		•	VFR Flight Following
VFR	🖊 IFR		-	Traffic Advisory Unknown / NA
Airspace where the		· · · · ·		
Class A Class B	Class E Class G		Prohibited Area Restricted Area	☐ Jet Training Area ☐ Special ☐ TRSA ☐ Air Traffic Control Area
	Demo Area	Ċ	Military Operations Area (MOA)	
Class D	Warning Are	a [	Airport Advisory Area	
			NT/INCIDENT SITE	
Source of Weather 1 (Check all that apply)	Information		Veather Observation Facility	
National Weather Se	ervice	Company	acility ID:	
Flight Service Statio	n	Military	bservation Time:	
TV/Radio			ime Zone:	
Commercial Weather	•	Diknown	bistance from Accident Site:	NM
		D	Direction from Accident Site:	degrees
<b>Basic Conditions</b>	Light Condition			<b>Temperature:</b> (C) or(F)
			Dark Night	Dew Point:(C) or(F)
IMC IMC	Day		Bright Night Not Reported	Altimeter Setting: in. Hg or MB
Sky/Lowest Cloud C	Condition	Ceiling	The reperied	
	Thin Broker		ar) Obscured	
Few	Thin Overca	st Broken	Indefinite	
Partial Obscuration	Unknown	Overcast	Unknown	
Lowest Cloud Cond	lition Height	Ceiling He	ight	
Lowest Cloud Colle	ft AGL	Cennig He	ft AGL	
Wind Direction	Wind Spe	ed	Wind Gusts	Visibilitymiles
Variable	Calm		Not Gusting	RVR:feet
Indicated:	Light ar -or-	d Variable	Gusting	RVV:miles
	rees Velocity: _	KTS	Velocity:KTS	Density Altitude:ft
Intensity of Precipit	ation Type of P	ecipitation (Check	all that apply)	Restriction to Visibility (Check all that apply)
Light	□ None		Freezing Rain	□ None □ Fog
Moderate	Rain	Ice Pelle		Blowing Dust Ground Fog
Heavy N/A	Snow Hail	Snow Pe	=	Blowing Sand     Haze       Blowing Snow     Ice Fog
	Rain Sho			Blowing Spray Smoke
				Dust Unknown
Icing Forecast		Icing Actu		Turbulence
	ype Rime	Amount None	Type Rime	Type (Check all that apply)     Severity       □ None     □ Light
. =	Clear			Clear Air Moderate
Light	Mixed	Light	Mixed	In Clouds Moderate Chop
Moderate Severe		Modera Severe	te	☐ Vicinity of Thunderstorm ☐ Severe ☐ Extreme
	d FDC), AIRMET		REPs in effect at the time	

DAMAGE	TO AIRCRAFT A		OPERTY		
Aircraft Da		Aircraft Fire		Aircraft Explosion	
☐ None ☐ Minor	Substantial Destroyed	☐ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin	☐ None ☐ In-Flight ☐ On-Ground	☐ Both Ground and In-Flight ☐ Unknown Origin
Phase of Op	eration			Altitude of In-Fligh	t Occurrence
Standing	Takeoff (incl. initial cli		Hover	-	ft MSL
Taxi Descent	Climb Landing	Maneuvering Approach	Other Unknown	··	I HOL
Description	of Damage to Aircraft a	nd Other Property	(use additional sheet if necessary)		
	E HISTORY OF FLI				
			g circumstances leading to and nat ets if needed. State time and point o		
Flight 27 O	RD-PDX inadvertently	landed on Taxiway	Tango, rather than Runway 16C	(intended point of lar	nding).
a 5-mile fin	al in VMC. When trans	itioning to the cente	land on 16R, the tower controlle r runway, the flight crew mistaker he error and directed the flight to	nly lined up on taxiwa	ay 'T' instead of 16C. Upon
There was	no injury to passenger	s or damage to the a	aircraft.		
		_			
			lent have been prevented?)		
Operator/Ov	vner Safety Recommenda	ation			

RECOMMENDATION (How	v could this	accident/incident h	ave been pr	evented?)	)		
Operator/Owner Safety Recomm							
MECHANICAL MALFUN					ontinue on se	parate sheet)	
Was there Mechanical Malfunc (If yes, list the name of the part, man							Total Time/Cycles On Part
							Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							-
							Hours
FUEL & SERVICES INF	ORMATI	1					
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type ☐ 80/87	115/145	i	JP3	Other, specif	v
	Gallons	100 Low Lead	Jet A		JP4		
		100/130	Automo	otive	JP5		
Other Services, if Any, Prior to	Departure						
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircr	aft performed?	Yes	No			
Method of Exit – Describe how	the occupan	ts exited and how ma	any occupan	s evacuate	ed each locati	on	
OTHER AIRCRAFT - CO	OLLISIO	N (If air or ground	collision oc	curred, co	mplete this s	ection for other ai	rcraft)
Aircraft Registration Number		urer:					Damage to Other Aircraft
							Destroyed Minor Substantial None
Registered Owner of Other Air					Other Aircr		
Name:							
City:				City:			
State:ZIP:				State:		ZIP:	
Country:				Country	:		

# 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										
Date of this Report     Signature and Name of Pilot/Operator										
01/08/2016	Signature:	Signature:								
mm/dd/yyyy	Type or Prin	Type or Print Name: Bryan Shillito								
Signature and Name	Signature and Name of Person Filing Report if Other than Pilot/Operator									
Signature:										
Type or Print Name: Br	yan Shillito	I								
Title: Managing Dire	ctor, Safet	y Programs								
FOR NTSB USE ONLY										
NTSB Accident/Inci	dent No.	<b>Reviewed by NTSB Regional Office</b>	Name of Investigator	Date Report Received						
DCA16IA036		DCA	Timothy LeBaron	1/8/2016						