

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

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

**Accident/Incident Location**

Nearst City/Place: Kenansville State: FL  
 ZIP: 34739 Country: USA  
 Latitude: 27.8765°N Longitude: 80.9883°W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**

Date: 09.10.2020 Local Time: 10:00 AM  
*mm/dd/yyyy* Time Zone: Eastern

Collision with Other Aircraft:  Midair  On-ground  None

Registration Number: 57AW  
 Manufacturer: ROTORWAY  
 Model: 162P  
 Serial Number: 6557  
 Year of Manufacture: 2001  
 Amateur-Built:  Yes  No If Yes:  Kit/Plans  Original Design Make: \_\_\_\_\_

- IFR-Equipped and Certified
- Commercial Space Flight
- Unmanned Aircraft

Maximum Gross Weight: 1500 lbs  
 Weight at Time of Accident/Incident: 1370 lbs  
 Number of Seats: Two Flight Crew Seats: Two  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
 Number of Engines: One

- Category of Aircraft**
- Airplane
  - Balloon
  - Blimp/Dirigible
  - Glider
  - Gyroplane
  - Helicopter
  - Powered Lift
  - Rocket
  - Ultralight
  - Unknown

- Type of Airworthiness Certificate**  
*(Check all that apply)*
- |  |   |
|--|---|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input checked="" type="checkbox"/> Experimental  |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|  | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

- Landing Gear**  
*(Check all that apply)*
- Retractable
  - Tricycle
  - Tailwheel
  - Amphibian
  - High Skid
  - Emergency Float
  - Skid
  - Float
  - Ski
  - Hull
  - Ski/Wheel
  - Other Launch/Recovery System
  - None
  - Unknown

- Engine Type (Select one)**
- |  |                                     |
|--|-------------------------------------|
| <input checked="" type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft              | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop               | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet                | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan                | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric                 |                                     |
- Fuel System Type (Reciprocating)**
- Carburetor
  - Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | <u>ROTORWAY</u>     |                     |                              |                                   | <u>150</u>   |                    |                                |                  |
| Eng. 2 |                     |                     |                              |                                   |  |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                                   |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                                   |  |                    |                                |                  |

**Last Inspection Type**

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- Conditional Inspection
- Unknown

Date Last Inspection: 06.07.20  
*mm/dd/yyyy*

Airframe Total Time: 363.1 hrs  
 hours measured at (Select one)  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: ROTORWAY  
 Model: \_\_\_\_\_

**Propeller 2**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program (Select one)**

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
 If Yes:  
 ELT Manufacturer: \_\_\_\_\_  
 Model or Part No.: \_\_\_\_\_  
 TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)  C126 (406 MHz)

Was ELT still mounted in aircraft?  Yes  No  
 Was ELT still connected to antenna?  Yes  No  
 Did ELT Activate?  Yes  No

If activated:  
 Did ELT Aid in Locating Aircraft:  Yes  No

If not activated:  
 Indicate Reason:  Impact Damage  Fire Damage  Battery Expired/Damaged  Unknown

- Additional Equipment (Check all that apply)**
- ADS-B
  - Airframe Parachute
  - Angle of Attack Indicator
  - Autopilot
  - Data Recorder
  - Electronic Flight Bag or Handheld Device
  - Electronic Multifunction Display
  - Electronic Primary Flight Display
  - Handheld GPS
  - Heads Up Display
  - Onboard Weather
  - Satellite Tracking Device
  - Stall Warning System
  - Video Recording Device
  - Other, Specify: \_\_\_\_\_

**Registered Aircraft Owner**  
 Name: SARAH BUSINESS LLC City: Merritt Island  
 Fractional Ownership Aircraft:  Yes  No State: FL ZIP: 32952  
 Country: USA

**Operator of Aircraft**  Same As Registered Owner  
 Name: WASIM NAZI City: Merritt Island  
 Doing Business As: \_\_\_\_\_ State: FL ZIP: 32952  
 Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_ Country: USA

**Operating Certificates Held**  
*(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91  FAR 129  FAR 415
- FAR 103  FAR 133  FAR 431
- FAR 121  FAR 135  FAR 435
- FAR 125  FAR 137  FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
  - Armed Forces
  - Federal
  - State
  - Local
  - Unknown

**Revenue Operation for FAR 121, 125, 129, 135**  
*(Select one for each group)*

- Scheduled or Commuter  Domestic
- Non-Scheduled or Air Taxi  International
- Passenger
- Cargo
- Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**  
*(Select one)*

- Aerial Application  Firefighting  Unknown
- Aerial Observation  Flight Test
- Air Drop  Glider Tow
- Air Race/Show  Instructional
- Banner Tow  Other Work Use
- Business  Personal
- Executive/Corporate  Positioning
- External Load  Skydiving
- Ferry

**Revenue Sightseeing Flight**  
 Yes  No

**Air Medical Flight**  
 Yes  No

**Airport Name:** \_\_\_\_\_  
**Airport Identifier:** \_\_\_\_\_  
**Proximity to Airport:**  Off Airport/Airstrip  On Airport/Airstrip  N/A

**Distance From Airport Center:** \_\_\_\_\_ sm  
**Direction From Airport:** \_\_\_\_\_ degrees true  
**Airport Elevation:** \_\_\_\_\_ ft. msl

**Runway Information**  
 Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** *(Check all that apply)*

- Asphalt  Grass/Turf  Macadam  Water
- Concrete  Gravel  Metal/Wood  Unknown
- Dirt  Ice  Snow

**Condition of Runway/Landing Surface** *(Check all that apply)*

- Dry  Snow-Compacted  Water-Calm
- Holes  Snow-Crusted  Water-Choppy
- Ice Covered  Snow-Dry  Water-Glassy
- Rough  Snow-Wet  Wet
- Rubber Deposits  Soft
- Slush-Covered  Vegetation  Unknown

**Approach/Departure Segment** *(Select one)*

- Taxi  VFR Departure  On Instrument Approach  Downwind  Low Approach
- Takeoff  IFR Departure Procedure/Clearance  Landing  Base  Go Around
- Initial Climb  Final  Aborted Landing (after touchdown)
- Crosswind  Unknown

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

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

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

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

|  |  |   |                   |  |  |   |  |  |            |        |                  |
|--|--|---|-------------------|--|--|---|--|--|------------|--------|------------------|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew  |  |   |                   |  |  |   |  |  |            |        |                  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |                   |  |  |   |  |  |            |        |                  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>WASIM NIAZI</u><br>Middle Initial: _____<br>Last Name: <u>NIAZI</u><br>Age at time of Accident/Incident: <u>57</u> Date of Birth: _____ mm/dd/yyyy<br>Certificate Number: _____  |  |   |                   |  | City of Residence: <u>Merritt Island</u><br>State: <u>FL</u> ZIP: <u>32952</u><br>Country: <u>USA</u>  |   |  |  |            |        |                  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious   |  | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single  |                   | <b>Restraint Type</b><br>Available: <input type="radio"/> None <input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> Unknown |  |   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |            |        |                  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |   |                   |  |  |   |  |  |            |        |                  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown  |  | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown   |                   |  | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |   | <b>Date of Last Medical</b><br><u>05.06.2019</u><br>mm/dd/yyyy   |  |            |        |                  |
| <b>Medical Certificate Limitations</b>   |  |   |                   |  |  |   |  |  |            |        |                  |
| <b>Medical Certificate Special Issuance</b>  |  |   |                   |  |  |   |  |  |            |        |                  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>09.07.20</u><br>mm/dd/yyyy   |  |   |                   |  | <b>Flight Review Aircraft</b><br>Make: <u>Aerostar</u><br>Model: <u>Piper</u>  |   |  |  |            |        |                  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input checked="" type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea   |  | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                   | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift  |  | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |  |  |            |        |                  |
| <b>Type Ratings</b>  |  |   |                   |  | <b>Student Endorsements (Include dates)</b>  |   |  |  |            |        |                  |
| <b>Flight Time (Enter appropriate number of hours in each box)</b>   |  | All Aircraft  | This Make & Model | Airplane Single Engine   | Airplane Multiengine   | Night   | Instrument   |  | Rotorcraft | Glider | Lighter Than Air |
| Total Time   |  | 2600  | 450               | 1475   | 125  |   | Actual    Simulated  |  | 1000       |        |                  |
| Pilot in Command (PIC)   |  |   |                   |  |  |   |  |  |            |        |                  |
| Time as Instructor   |  |   |                   |  |  |   |  |  |            |        |                  |
| This Make/Model  |  |   |                   |  |  |   |  |  |            |        |                  |
| Last 90 Days   |  |   |                   |  |  |   |  |  |            |        |                  |
| Last 30 Days   |  |   |                   |  |  |   |  |  |            |        |                  |
| Last 24 Hours  |  |   |                   |  |  |   |  |  |            |        |                  |

NA

|   |  |              |  |                        |  |  |            |           |   |        |                  |
|---|--|--------------|--|------------------------|--|--|------------|-----------|---|--------|------------------|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew  |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br>Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy<br>Certificate Number: _____   |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious   |  |              | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single  |                        |  | <b>Restraint Type</b><br>Available    Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap only <input type="radio"/> Lap only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |            |           | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown  |        |                  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown  |  |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown   |                        |  | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance   |            |           | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy   |        |                  |
| <b>Medical Certificate Limitations</b>  |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>Medical Certificate Special Issuance</b>   |  |              |  |                        |  |  |            |           |   |        |                  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____ mm/dd/yyyy  |  |              |  |                        | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |  |            |           |   |        |                  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea   |  |              | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        |  | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift   |            |           | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |        |                  |
| <b>Type Ratings</b>   |  |              |  |                        | <b>Student Endorsements (Include dates)</b>                  |  |            |           |   |        |                  |
| <b>Flight Time (Enter appropriate number of hours in each box)</b>  |  | All Aircraft | This Make & Model  | Airplane Single Engine | Airplane Multiengine   | Night  | Instrument |           | Rotorcraft  | Glider | Lighter Than Air |
| Total Time  |  |              |  |                        |  |  | Actual     | Simulated |   |        |                  |
| Pilot in Command (PIC)  |  |              |  |                        |  |  |            |           |   |        |                  |
| Time as Instructor  |  |              |  |                        |  |  |            |           |   |        |                  |
| This Make/Model   |  |              |  |                        |  |  |            |           |   |        |                  |
| Last 90 Days  |  |              |  |                        |  |  |            |           |   |        |                  |
| Last 30 Days  |  |              |  |                        |  |  |            |           |   |        |                  |
| Last 24 Hours   |  |              |  |                        |  |  |            |           |   |        |                  |

|   |  |  |                                      |                                       |  |
|---|--|--|--------------------------------------|---------------------------------------|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   |                                      | <b>Injury</b>                         |  |
| First Name: <u>WASIM</u>  | City of Residence: <u>Merritt Island</u>   | <input checked="" type="radio"/> Left  | <input type="radio"/> Front          | <input checked="" type="radio"/> None |  |
| Middle Initial: _____   | State: <u>FL</u> ZIP: <u>32952</u>         | <input type="radio"/> Center   | <input type="radio"/> Rear           | <input type="radio"/> Minor           |  |
| Last Name: <u>NAZI</u>  | Country: <u>USA</u>                        | <input checked="" type="radio"/> Right                                       | <input type="radio"/> Single         | <input type="radio"/> Serious         |  |
|   |  | <input type="radio"/> Unknown  | <input type="radio"/> Unknown        | <input type="radio"/> Fatal           |  |
|   |  | <input type="radio"/> Unknown  | <input type="radio"/> Unknown        | <input type="radio"/> Unknown         |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>   |                                      | <b>Inflatable Restraints</b>          |  |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial  | <input type="checkbox"/> US Military |                                       |  |
| <input checked="" type="checkbox"/> Private   | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                   | <input type="checkbox"/> Foreign     |                                       |  |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                     |                                      |                                       |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> <u>0</u> hrs |                                      |                                       |  |

|   |  |   |                                      |                               |  |
|---|--|---|--------------------------------------|-------------------------------|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>  |                                      | <b>Injury</b>                 |  |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left  | <input type="radio"/> Front          | <input type="radio"/> None    |  |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Center  | <input type="radio"/> Rear           | <input type="radio"/> Minor   |  |
| Last Name: _____  | Country: _____                             | <input type="radio"/> Right   | <input type="radio"/> Single         | <input type="radio"/> Serious |  |
|   |  | <input type="radio"/> Unknown   | <input type="radio"/> Unknown        | <input type="radio"/> Fatal   |  |
|   |  | <input type="radio"/> Unknown   | <input type="radio"/> Unknown        | <input type="radio"/> Unknown |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>  |                                      | <b>Inflatable Restraints</b>  |  |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                       | <input type="checkbox"/> US Military |                               |  |
| <input type="checkbox"/> Private  | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                | <input type="checkbox"/> Foreign     |                               |  |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                  |                                      |                               |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                      |                               |  |

| Name and Address           |  | Seat                                   | Injury                                | Restraint Type                           |                                | Inflatable Restraints                  | Age                                    |
|----------------------------|--|--|---------------------------------------|--|--------------------------------|--|--|
| First Name: <u>SCOTT</u>   | City: <u>Merritt Island</u>                | <input type="radio"/> Left             | <input checked="" type="radio"/> None | <b>Available</b>                         | <b>Used</b>                    | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____      | State: <u>FL</u> ZIP: <u>32952</u>         | <input type="radio"/> Center           | <input type="radio"/> Minor           | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only | <input type="checkbox"/> Installed     |  |
| Last Name: <u>CARULLO</u>  | Country: <u>USA</u>                        | <input checked="" type="radio"/> Right | <input type="radio"/> Serious         | <input checked="" type="radio"/> 3-point | <input type="radio"/> 3-point  | <input type="checkbox"/> Not Deployed  | <i>If Under 5,</i>                     |
| <input type="radio"/> Crew | <input checked="" type="radio"/> Passenger | <input type="radio"/> Unknown          | <input type="radio"/> Fatal           | <input type="radio"/> 4-point            | <input type="radio"/> 4-point  | <input type="checkbox"/> Deployed      | <input type="radio"/> Child Restraint  |
|                            |  | Row: _____                             | <input type="radio"/> Unknown         | <input type="radio"/> 5-point            | <input type="radio"/> 5-point  | <input type="checkbox"/> Unknown       | <input type="radio"/> Lap-Held         |
|                            |  |  |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown  |  | <input type="radio"/> Unknown          |
| First Name: _____          | City: _____                                | <input type="radio"/> Left             | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                    | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____      | State: _____ ZIP: _____                    | <input type="radio"/> Center           | <input type="radio"/> Minor           | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only | <input type="checkbox"/> Installed     |  |
| Last Name: _____           | Country: _____                             | <input type="radio"/> Right            | <input type="radio"/> Serious         | <input type="radio"/> 3-point            | <input type="radio"/> 3-point  | <input type="checkbox"/> Not Deployed  | <i>If Under 5,</i>                     |
| <input type="radio"/> Crew | <input type="radio"/> Passenger            | <input type="radio"/> Unknown          | <input type="radio"/> Fatal           | <input type="radio"/> 4-point            | <input type="radio"/> 4-point  | <input type="checkbox"/> Deployed      | <input type="radio"/> Child Restraint  |
|                            |  | Row: _____                             | <input type="radio"/> Unknown         | <input type="radio"/> 5-point            | <input type="radio"/> 5-point  | <input type="checkbox"/> Unknown       | <input type="radio"/> Lap-Held         |
|                            |  |  |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown  |  | <input type="radio"/> Unknown          |
| First Name: _____          | City: _____                                | <input type="radio"/> Left             | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                    | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____      | State: _____ ZIP: _____                    | <input type="radio"/> Center           | <input type="radio"/> Minor           | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only | <input type="checkbox"/> Installed     |  |
| Last Name: _____           | Country: _____                             | <input type="radio"/> Right            | <input type="radio"/> Serious         | <input type="radio"/> 3-point            | <input type="radio"/> 3-point  | <input type="checkbox"/> Not Deployed  | <i>If Under 5,</i>                     |
| <input type="radio"/> Crew | <input type="radio"/> Passenger            | <input type="radio"/> Unknown          | <input type="radio"/> Fatal           | <input type="radio"/> 4-point            | <input type="radio"/> 4-point  | <input type="checkbox"/> Deployed      | <input type="radio"/> Child Restraint  |
|                            |  | Row: _____                             | <input type="radio"/> Unknown         | <input type="radio"/> 5-point            | <input type="radio"/> 5-point  | <input type="checkbox"/> Unknown       | <input type="radio"/> Lap-Held         |
|                            |  |  |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown  |  | <input type="radio"/> Unknown          |
| First Name: _____          | City: _____                                | <input type="radio"/> Left             | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                    | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____      | State: _____ ZIP: _____                    | <input type="radio"/> Center           | <input type="radio"/> Minor           | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only | <input type="checkbox"/> Installed     |  |
| Last Name: _____           | Country: _____                             | <input type="radio"/> Right            | <input type="radio"/> Serious         | <input type="radio"/> 3-point            | <input type="radio"/> 3-point  | <input type="checkbox"/> Not Deployed  | <i>If Under 5,</i>                     |
| <input type="radio"/> Crew | <input type="radio"/> Passenger            | <input type="radio"/> Unknown          | <input type="radio"/> Fatal           | <input type="radio"/> 4-point            | <input type="radio"/> 4-point  | <input type="checkbox"/> Deployed      | <input type="radio"/> Child Restraint  |
|                            |  | Row: _____                             | <input type="radio"/> Unknown         | <input type="radio"/> 5-point            | <input type="radio"/> 5-point  | <input type="checkbox"/> Unknown       | <input type="radio"/> Lap-Held         |
|                            |  |  |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown  |  | <input type="radio"/> Unknown          |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Last Departure Point</b><br>Airport ID: <u>KCOJ</u><br>City: <u>Merrill Island</u><br>State: <u>FL</u><br>Country: <u>USA</u>   |  | <b>Time of Departure</b><br>Time: <u>8:00 AM</u><br>Time Zone: <u>Eastern</u>  | <b>Destination</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____         | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA  |  |  |  |  |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93<br><b>Altitude of In-Flight Occurrence:</b> _____ ft msl |  |  |  |  |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Services Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> On-Board Weather   |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true  |  |  |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown  |  | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night  |  |  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl   |  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl   |  |  |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true  |  | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts   | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts |  |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown   |  | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |  |  |
| <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown  |  | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown  |  |  |
| <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown  |  |  |  |  |
| <b>Turbulence</b><br><b>Type (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme   |  | <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><p style="text-align: center;">NA</p>   |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input type="radio"/> Substantial<br><input checked="" type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> Unknown |  | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |  | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |  |
|---|--|--|--|--|--|

**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On the morning of incidence me and my friend, Scott Carullo departed from Merritt Island airport about 8 am to private property in Kenansville, Florida. It was a beautiful morning and flight was uneventful. We landed at the helipad (concrete); perfect landing on the center of pad. We stayed at the property for 45 minutes. Weather was beautiful with clear blue sky and no wind. We boarded the aircraft and all pre-flight start up parameters were normal. I increased power to 80% and noticed left skid heavy - Passenger was knowingly 50 lbs heavier than me. I moved the cyclic to the left and slightly to the front. Passenger cyclic hit Scott Carullo's left knee. sudden squeezes of the leg led to instantaneous roll over to the left. I exited the aircraft and turned off fuel pump, and ignition, etc. Pulled the fuel shut off valve. Then I helped Scott to climb over. There was no warning of roll over. No damage to the tail rotor or passenger cabin occurred.

**Operator/Owner Safety Recommendation**

**Was there Mechanical Malfunction/Failure?**  Yes  No  
*(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)*

**Total Time/Cycles On Part**  
 \_\_\_\_\_ Hours  
 \_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**  
 \_\_\_\_\_ Hours

**Fuel on Board at Last Takeoff**  
*(Convert from pounds, as necessary)*  
 \_\_\_\_\_ Gallons

**Fuel Type**  
 80/87       115/145       Jet B       Other, specify \_\_\_\_\_  
 100 Low Lead       Jet A       JP8  
 100/130       Jet A-1       Automotive

**Other Services, if Any, Prior to Departure**  
*(9 calls at the line of incidence)*

**Was an emergency evacuation of the aircraft performed?**  Yes  No

**Method of Exit - Describe how the occupants exited and how many occupants evacuated each location**  
*climbed out of left side of the aircraft  
 Doors were not installed for the trip (quick disconnect)*

**Aircraft Registration Number** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Damage to Other Aircraft**  
 Destroyed       Minor  
 Substantial       None

**Registered Owner of Other Aircraft**  
 Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Pilot of Other Aircraft**  
 Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_



Use this space if additional space is needed for any answers.

Date of this Report

09.18.2020

mm/dd/yyyy

Name of Pilot/Operator:

WASIM N. AZI

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

NTSB Accident/Incident No.

ERA20CA319

Reviewed by NTSB Regional Office

ERA

Name of Investigator

D. Boggs

Date Report Received

9/23/2020

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

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, GEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&pt=ecfr&rowsec=11649&949cfr630\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&pt=ecfr&rowsec=11649&949cfr630_main_02.tpl). These rules state the authority of the NTSB, procedures for initial and immediate notification of accidents and incidents by pilot/operators.

A. APPLICABILITY  
The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. 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, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

## 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 of paper.

**Nearest City/Place:** Use the name of the nearest community 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 serial. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

**Maximum Gross Weight:** Enter the certificated maximum 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.

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

Public Aircraft: 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. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

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

Revenue Sightseeing Flight: Indicate whether the accident flight was being conducted for the purpose of carrying sightseeing operations under 14 CFR Part 91 at the time of the accident.

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 ground equipment.

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.

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 ground equipment.

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**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137. Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**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**—These flights include 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 RACESHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**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.

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

**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.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight regulations, are excluded.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**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.

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

**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, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier**—Provide the official 3 or 4 character airport identifier number.

**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.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident 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/incident (reported as broken or overcast).

**NOTAMS (D and FDC), AIRMETS, SIGMETS, PIREPs:** Describe all NOTAMS (Distant (D) or Flight Data Center (FDC), if known), AIRMETS, SIGMETS, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by the flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" 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 Crewmembers:** Complete this section if there were more than two required flight crewmembers 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:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

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 NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions of questions and responses, please refer to www.ntsb.gov.