

# 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, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South 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, CEN, 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&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/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 an accident for which notification is required by Section 830.5, or 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 series. 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.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### 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 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that 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 cowlings, 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.

**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 the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

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

**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.

**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 RACE/SHOW**--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 operations and personal flight reviews, as required by federal air 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:** 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.

**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 this 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 and responses, please refer to [www.nts.gov](http://www.nts.gov).**

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: \_\_\_\_\_ Local Time: \_\_\_\_\_

mm/dd/yyyy

Time Zone: \_\_\_\_\_

**Collision with Other Aircraft:**      Midair      On-ground      None

## AIRCRAFT INFORMATION

**Registration Number:** \_\_\_\_\_

**Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_

**Year of Manufacture:** \_\_\_\_\_

**Amateur-Built:**    Yes    If Yes:    Kit/Plans    Make: \_\_\_\_\_  
                             No                                Original Design

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

**Maximum Gross Weight:** \_\_\_\_\_ lbs

**Weight at Time of Accident/Incident:** \_\_\_\_\_ lbs

**Number of Seats:** \_\_\_\_\_ Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

**Number of Engines:** \_\_\_\_\_

### Category of Aircraft

Airplane  
Balloon  
Blimp/Dirigible  
Glider  
Gyroplane  
Helicopter  
Powered Lift  
Rocket  
Ultralight  
Unknown

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

Normal  
Aerobatic  
Balloon  
Commuter  
Transport  
Utility

#### Special

Restricted  
Limited  
Provisional  
Special Flight  
Experimental  
Special Light-Sport  
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)

Reciprocating                                Liquid Rocket  
Turbo Shaft                                Solid Rocket  
Turbo Prop                                Hybrid Rocket  
Turbo Jet                                None  
Turbo Fan                                Unknown  
Electric

### Fuel System Type (Reciprocating)

Carburetor                                Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

100-Hour                                Continuous Airworthiness  
AAIP                                Conditional Inspection  
Annual                                Unknown

**Date Last Inspection:** \_\_\_\_\_  
mm/dd/yyyy

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

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

None  
Specify: \_\_\_\_\_

### Propeller 1

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Propeller 2

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: \_\_\_\_\_

City: \_\_\_\_\_

Fractional Ownership Aircraft: Yes No

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**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 INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)****Airport Name:** \_\_\_\_\_**Distance From Airport Center:** \_\_\_\_\_ sm**Airport Identifier:** \_\_\_\_\_**Direction From Airport:** \_\_\_\_\_ degrees true**Proximity to Airport:** Off Airport/Airstrip On Airport/Airstrip N/A**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	
Dirt	Ice	Snow	Unknown

**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	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	
			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

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

Pilot      Co-Pilot      Student Pilot      Flight Instructor      Check Pilot      Flight Engineer      Other Flight Crew

**"Flight Crewmember 1" was pilot flying**      Yes      No**"Flight Crewmember 1" Identification**

First Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

**Degree of Injury**None      Fatal  
Minor      Unknown  
Serious**Seat Occupied**Left      Front      Unknown  
Right      Rear  
Center      Single**Restraint Type****Available**None  
Lap only  
3-point  
4-point  
5-point  
Unknown**Used**None  
Lap only  
3-point  
4-point  
5-point  
Unknown**Inflatable Restraints**Not Installed  
Installed  
Not Deployed  
Deployed  
Unknown**Pilot Certificate(s)** (Check all that apply)None      Flight Instructor      Commercial      US Military  
Private      Recreational      Airline Transport      Foreign  
Student      Sport      Flight Engineer**Principal Occupation**Pilot  
Other  
Unknown**Medical Certificate**None      Class 3  
Class 1      Driver's License (Sport Pilot only)  
Class 2      Unknown**Medical Certificate Validity**Without limitations/waivers      Unknown  
With limitations/waivers      N/A  
Special Issuance**Date of Last Medical**\_\_\_\_\_  
mm/dd/yyyy**Medical Certificate Limitations****Medical Certificate Special Issuance****Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:** \_\_\_\_\_

mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

**Airplane Rating(s)**  
(Check all that apply)None  
Single-Engine Land  
Single-Engine Sea  
Multiengine Land  
Multiengine Sea**Other Aircraft Rating(s)**  
(Check all that apply)None  
Airship  
Balloon  
Glider  
Gyroplane  
Helicopter  
Powered Lift**Instrument Rating(s)**  
(Check all that apply)None  
Airplane  
Helicopter  
Powered Lift**Instructor Rating(s)**  
(Check all that apply)None  
Airplane Single-Engine  
Airplane Multi-Engine  
Gyroplane  
Powered LiftInstrument Airplane  
Instrument Helicopter  
Helicopter  
Glider  
Sport**Type Ratings****Student Endorsements** (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

## “FLIGHT CREWMEMBER 2” INFORMATION

### “Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

Pilot      Co-Pilot      Student Pilot      Flight Instructor      Check Pilot      Flight Engineer      Other Flight Crew

“Flight Crewmember 2” was pilot flying      Yes      No

### “Flight Crewmember 2” Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> None      Fatal Minor      Unknown Serious	<b>Seat Occupied</b> Left      Front      Unknown Right      Rear Center      Single	<b>Restraint Type</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															

<b>Principal Occupation</b> Pilot Other Unknown	<b>Medical Certificate</b> None      Class 3 Class 1      Driver’s License (Sport Pilot only) Class 2      Unknown	<b>Medical Certificate Validity</b> Without limitations/waivers      Unknown With limitations/waivers      N/A Special Issuance	<b>Date of Last Medical</b> _____ mm/dd/yyyy
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### Medical Certificate Limitations

### Medical Certificate Special Issuance

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift  Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
<b>Crew Name and Address</b>					<b>Seat Occupied</b>		<b>Injury</b>		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right Front Rear Single Unknown		None Minor Serious Fatal Unknown		
<b>Pilot Certificate(s)</b> (Check all that apply) <div> <div>None</div> <div>Flight Instructor</div> <div>Commercial</div> <div>US Military</div> </div> <div> <div>Private</div> <div>Recreational</div> <div>Airline Transport</div> <div>Foreign</div> </div> <div> <div>Student</div> <div>Sport</div> <div>Flight Engineer</div> </div>					<b>Restraint Type:</b> <div> <div>Available</div> <div>Used</div> </div> <div> <div>None</div> <div>None</div> </div> <div> <div>Lap Only</div> <div>Lap Only</div> </div> <div> <div>3-point</div> <div>3-point</div> </div> <div> <div>4-point</div> <div>4-point</div> </div> <div> <div>5-point</div> <div>5-point</div> </div> <div> <div>Unknown</div> <div>Unknown</div> </div>		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
<b>Crew Name and Address</b>					<b>Seat Occupied</b>		<b>Injury</b>		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right Front Rear Single Unknown		None Minor Serious Fatal Unknown		
<b>Pilot Certificate(s)</b> (Check all that apply) <div> <div>None</div> <div>Flight Instructor</div> <div>Commercial</div> <div>US Military</div> </div> <div> <div>Private</div> <div>Recreational</div> <div>Airline Transport</div> <div>Foreign</div> </div> <div> <div>Student</div> <div>Sport</div> <div>Flight Engineer</div> </div>					<b>Restraint Type:</b> <div> <div>Available</div> <div>Used</div> </div> <div> <div>None</div> <div>None</div> </div> <div> <div>Lap Only</div> <div>Lap Only</div> </div> <div> <div>3-point</div> <div>3-point</div> </div> <div> <div>4-point</div> <div>4-point</div> </div> <div> <div>5-point</div> <div>5-point</div> </div> <div> <div>Unknown</div> <div>Unknown</div> </div>		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> Yes No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
<b>Name and Address</b>			<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>	<b>Age</b>	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div>Crew Passenger Other</div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<div> <div>Available</div> <div>Used</div> </div> <div> <div>None</div> <div>None</div> </div> <div> <div>Lap Only</div> <div>Lap Only</div> </div> <div> <div>3-point</div> <div>3-point</div> </div> <div> <div>4-point</div> <div>4-point</div> </div> <div> <div>5-point</div> <div>5-point</div> </div> <div> <div>Unknown</div> <div>Unknown</div> </div>		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div>Crew Passenger Other</div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<div> <div>Available</div> <div>Used</div> </div> <div> <div>None</div> <div>None</div> </div> <div> <div>Lap Only</div> <div>Lap Only</div> </div> <div> <div>3-point</div> <div>3-point</div> </div> <div> <div>4-point</div> <div>4-point</div> </div> <div> <div>5-point</div> <div>5-point</div> </div> <div> <div>Unknown</div> <div>Unknown</div> </div>		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
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## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Time of Departure</b> Time: _____ Time Zone: _____	<b>Destination</b> Airport ID: _____ City: _____ State: _____ Country: _____	<b>Type Flight Plan Filed</b> None VFR/IFR Company VFR IFR Military VFR Unknown VFR <b>Activated?</b> Yes No Unknown
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### Type of ATC Clearance/Service (Check all that apply)

None	Special VFR	Special IFR	VFR Flight Following	Cruise
VFR	IFR	VFR On Top	Traffic Advisory	Unknown / NA

### Airspace where the accident/incident occurred (Check all that apply)

Class A	Class G	Military Operations Area (MOA)	Special	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Source of Pilot Weather Information

(Check all that apply)

National Weather Service	Company
Flight Service Station	Military
TV/Radio	Internet
Automated Report	None
Commercial Weather Service (DUATS)	Unknown
On-Board Weather	

### Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

### Basic Conditions

VMC  
 IMC  
 Unknown

### Light Condition

Dawn Dusk Dark Night Unknown  
 Day Night Bright Night

### Sky/Lowest Cloud Condition

Clear	Thin Broken
Few	Thin Overcast
Partial Obscuration	Unknown
Scattered	

### Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

### Ceiling

None (Clear)	Obscured
Broken	Indefinite
Overcast	Unknown

### Ceiling Height

\_\_\_\_\_ ft agl

**Temperature:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

**Dew Point:** \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

**Altimeter Setting:** \_\_\_\_\_ in. Hg  
 or \_\_\_\_\_ MB

### Wind Direction

Variable

-or-

Direction: \_\_\_\_\_ degrees true

### Wind Speed

Calm  
 Light and Variable

-or-

Speed: \_\_\_\_\_ kts

### Wind Gusts

Not Gusting

-or-

Speed: \_\_\_\_\_ kts

### Visibility

\_\_\_\_\_ miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

**Density Altitude:** \_\_\_\_\_ ft

### Intensity of Precipitation

Light  
 Moderate  
 Heavy  
 N/A  
 Unknown

### Type of Precipitation (Check all that apply)

None	Drizzle	Freezing Rain
Rain	Ice Pellets	Snow Shower
Snow	Snow Pellets	Ice Pellets Shower
Hail	Snow Grains	Freezing Drizzle
Rain Showers	Ice Crystals	

### Restriction to Visibility (Check all that apply)

None	Fog
Blowing Dust	Ground Fog
Blowing Sand	Haze
Blowing Snow	Ice Fog
Blowing Spray	Smoke
Dust	Unknown

### Icing Forecast

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

### Icing Actual

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

### Turbulence

Type (Check all that apply)	Severity
None	Light
Clear Air	Moderate
Terrain-Induced	Severe
Convective Turbulence	Extreme

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**



**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

None	Substantial
Minor	Destroyed
	Unknown

**Aircraft Fire**

None	Both Ground and In-Flight
In-Flight	Fire at Unknown Time
On-Ground	Unknown

**Aircraft Explosion**

None	Both Ground and In-Flight
In-Flight	Explosion at Unknown Time
On-Ground	Unknown

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

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

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 location, services obtained, and intended destination. Provide as much detail as possible.

**RECOMMENDATION (How could this accident/incident have been prevented?)**

Operator/Owner Safety Recommendation

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

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 & SERVICES INFORMATION**

**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****EVACUATION OF AIRCRAFT**

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**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)****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: \_\_\_\_\_

**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**

\_\_\_\_\_  
*mm/dd/yyyy*

**Name of Pilot/Operator:** \_\_\_\_\_

**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

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**

WPR20LA197

**Reviewed by NTSB Regional Office**

AS-WPR, Seattle, Washington

**Name of Investigator**

Andrew Swick

**Date Report Received**

08/03/2020