

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. 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 cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

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

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

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

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.

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: <u>Petty</u> State: <u>GA</u> ZIP: <u>31069</u> County: <u>Houston</u> Latitude: _____ Longitude: _____ <small>(Enter in decimal degrees or degree-minutes-seconds)</small>	Accident/Incident Date/Time Date: <u>6-27-20</u> Local Time: <u>6 PM</u> <small>mm/dd/yyyy</small> Time Zone: <u>EST</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None

AIRCRAFT INFORMATION	
Registration Number: <u>NA032L</u> Manufacturer: <u>Ayres</u> Model: <u>S2R-T3A</u> Serial Number: <u>T-3A-264</u> Year of Manufacture: <u>1999</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Original Make <input type="radio"/> Original Design	<input type="checkbox"/> IFR Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: <u>7400</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>

Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <small>(Check all that apply.)</small> <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None </td> <td> <input type="checkbox"/> Restrictive <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown </td> </tr> </table>	Standard	Special	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<input type="checkbox"/> Restrictive <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown	Landing Gear <small>(Check all that apply.)</small> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type <small>(Select one)</small> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Liquid Rocket <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Solid Rocket <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Hybrid Rocket <input type="checkbox"/> Turbo Jet <input type="checkbox"/> None <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Unknown <input type="checkbox"/> Electric Fuel System Type <small>(Select one)</small> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel-Injected
Standard	Special						
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<input type="checkbox"/> Restrictive <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown						

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input type="radio"/> Horsepower or <input checked="" type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Pratt & Whitney</u>	<u>PT6-34</u>			<u>750</u>	<u>9709</u>		
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAMP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>3-20-20</u> <small>mm/dd/yyyy</small>	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input checked="" type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell Inc.</u> Model: <u>HG-B3TN-30/110282N1A</u>	Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
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Airframe Total Time: <u>9709.9</u> hr. <small>hours measured in _____</small> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident Type of Maintenance Program <small>(Select one)</small> <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAMP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	ELF Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If Yes:</small> ELF Manufacturer: _____ Model or Part No.: _____ FSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELF still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELF still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELF Activate? <input type="radio"/> Yes <input type="radio"/> No <small>If Activated:</small> Did ELF Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No <small>If not Activated:</small> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	Additional Equipment <small>(Check all that apply)</small> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
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OWNER/OPERATOR INFORMATION	
Registered Aircraft Owner Name: <u>Houston Chop Service, Inc.</u> Fractional Ownership Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No	City: <u>Perry</u> State: <u>GA</u> ZIP: <u>31069</u> Country: <u>Houston</u>
Operator of Aircraft <input checked="" type="radio"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<input checked="" type="radio"/> Same Address as Registered Owner City: <u>Perry</u> State: <u>GA</u> ZIP: <u>31069</u> Country: <u>Houston</u>
Operating Certificates Held <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Full Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 135) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Taxi (FAR 135) <input checked="" type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization as Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input checked="" type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-U.S. Commercial <input type="checkbox"/> Non-U.S. Non-commercial <input type="checkbox"/> Public Aircraft <i>(Select one)</i> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown
Revenue Sighting Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only
Air Medical Flight <input type="radio"/> Yes <input type="radio"/> No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input checked="" type="radio"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test <input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow <input type="checkbox"/> Air Race Show <input type="checkbox"/> Instructional <input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work/Use <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Executive Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> External Load <input type="checkbox"/> Skydiving <input type="checkbox"/> Ferry
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred at, approach, landing, takeoff, departure, or within 5 miles of an airport)</i>	
Airport Name: <u>Private Air Strip</u> Airport Identifier: _____ Proximity to Airport: <input checked="" type="radio"/> Off Airport Airstrip <input type="radio"/> On Airport Airstrip <input type="radio"/> N/A	Distance From Airport Center: _____ mi Direction From Airport: _____ degrees true Airport Elevation: _____ ft. MSL
Runway Information Runway ID: _____ (L/R/C) Length: <u>2000</u> ft Width: <u>20'</u> ft	Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Hazy <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Runover Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
Approach/Departure Segment <i>(Select one)</i> <input type="radio"/> Taxi <input checked="" type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown	
IFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> M/S <input type="checkbox"/> Precision <input type="checkbox"/> SDF <input type="checkbox"/> Starop <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TWOP <input type="checkbox"/> H/S <input type="checkbox"/> ASB <input type="checkbox"/> VOR/DME <input type="checkbox"/> ILS/Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown	VFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> <input type="checkbox"/> Unknown

FLIGHT CREWMEMBER 1 INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <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																																																																																																				
"Flight Crewmember 1" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </td> <td style="width: 50%; border: none;"> Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </td> </tr> </table>			Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																									
Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown																																																																																																			
Pilot Certificate(s) <i>(Check all that apply)</i> <table style="width:100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="checkbox"/> None</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Flight Instructor</td> <td style="width: 25%; border: none;"><input type="checkbox"/> Commercial</td> <td style="width: 25%; border: none;"><input type="checkbox"/> US Military</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Private</td> <td style="border: none;"><input type="checkbox"/> Recreational</td> <td style="border: none;"><input type="checkbox"/> Airline Transport</td> <td style="border: none;"><input type="checkbox"/> Foreign</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Student</td> <td style="border: none;"><input type="checkbox"/> Sport</td> <td style="border: none;"><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>											<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																																																																															
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Medical Certificate Limitations																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
Type Ratings						Student Endorsements <i>(Check all that apply)</i>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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										
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																																																																																										
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Last 24 Hours																																																																																																				

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

ADDITIONAL PILOT CREWMEMBERS - Inclusive of cabin crew, complete the following information									
Crew Name and Address				Seat Occupied		Injury			
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			
Pilot Certificate(s) <i>Check all that apply!</i>				Restraint Type:		Inflatable Restraints			
<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					
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
						Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
						Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
Crew Name and Address				Seat Occupied		Injury			
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			
Pilot Certificate(s) <i>Check all that apply!</i>				Restraint Type:		Inflatable Restraints			
<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					
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
						Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
						Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
PASSENGERS / OTHER PERSONNEL - include cabin crew, children or 3 years and under, and Unaccompanied									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints		
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Middle Initial: _____		State: _____ ZIP: _____			Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				
Last Name: _____		Country: _____			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other			Age <input type="checkbox"/> Under 5 years <i>If Under 5:</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Middle Initial: _____		State: _____ ZIP: _____			Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				
Last Name: _____		Country: _____			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other			Age <input type="checkbox"/> Under 5 years <i>If Under 5:</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Middle Initial: _____		State: _____ ZIP: _____			Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				
Last Name: _____		Country: _____			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other			Age <input type="checkbox"/> Under 5 years <i>If Under 5:</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Middle Initial: _____		State: _____ ZIP: _____			Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown				
Last Name: _____		Country: _____			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown				
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other			Age <input type="checkbox"/> Under 5 years <i>If Under 5:</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	

FLIGHT DEPARTURE INFORMATION			
Last Departure Point Airport ID: <u>Private Airstrip</u> City: <u>Perry, GA</u> State: <u>GA</u> County: <u>Houston</u>		Time of Departure Time: <u>6 AM</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>Private Farm</u> City: <u>Perry</u> State: <u>GA</u> County: <u>Houston</u>		Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR High Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / N/A			
Airspace where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 95 <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			Altitude of In-Flight Occurrence: <u>20'</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Unreported Report <input checked="" type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUALTS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance From Accident Site: _____ mi Direction from Accident Site: _____ degrees true	
Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> High Overcast <input type="radio"/> Partial Observation <input type="radio"/> Unknown <input type="radio"/> Scattered		Temperature: <u>85</u> (F) Dew Point: _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl		Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Observed <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown	
Wind Direction <input checked="" type="checkbox"/> Variable Direction: _____ degrees true		Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable or Speed: _____ kts	
Wind Gusts <input checked="" type="checkbox"/> Not Gusting or Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	
Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, FIREPs in effect at the time of the accident/incident: 			

Aircraft Damage <input type="radio"/> None <input checked="" type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown	Aircraft Fire <input type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	Aircraft Explosion <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheets if necessary)</i> <p style="font-size: 1.2em; margin-left: 40px;">Damage to Prop, Engine, Landing Gear, Frame, + Wings</p>		
MARK FIVE HISTORY OF FLIGHT <i>(Name of pilot or flight instructor)</i> <p style="font-size: 0.8em;">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.</p> <p style="font-size: 1.2em; margin-left: 40px;">TAKE OFF roll was normal. After rotation I had NO Airborne Response. Without Airborne Control I MADE A Decision TO Land Directly Ahead on GRASS PORTION OF AIRSTRIP. After Crossing TERRAIN Ditch, the RIGHT GEAR SEPARATED, Prop struck Ground AND PLANE STOPPED in UPRIGHT position. Exit from Aircraft was by Left Door/Window. PLANE DEPARTED PRIVATE AIRSTRIP @ 6 P.M. TO SPRAY Pecan trees.</p> <div style="text-align: right; margin-top: 20px;">  7-7-20 </div>		

RECOMMENDATION (If more space is needed, continue on separate sheet)

Operator/Owner Safety Recommendation

I Don't Know

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 <div style="font-size: 1.5em; text-align: center;">9709.9</div> Hours Cycles
Time Since This Part Inspected/Overhauled Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff <i>(Correct from pounds, as necessary)</i> <div style="font-size: 1.5em; text-align: center;">110</div> Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input type="radio"/> 100 Low Lead <input checked="" type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> 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

Pilot Exit thru Left Door/window

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number <div style="font-size: 1.2em;">A110322</div>	Manufacturer: <u>Boeing</u> Model: <u>52R-34</u>	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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 <u>7-7-20</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator <u>Frank Bledsoe</u>
Signature: _____	
-- or -- <input type="checkbox"/> 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

Agency Accident/Incident No. <u>ERA20CA232</u>	Reviewed by NTSB Regional Office Ashburn VA	Name of Investigator Monyile	Date Report Received 7/17/2020
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