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

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

| BASI | CINFORMA | TION | | | | | | | | | | | |
|--|------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------------|----------------------------|-------------------------|----------------------|--------------------|--------------------|
| Accider | nt/Incident Loc | ation | | | | | Accident/Incident Date/Time | | | | | | |
| Nearest (| City/Place: | | | | _State: _ | | Date: Local Time: | | | | | | |
| ZIP: | (| Country: | | | | | | mm/da | l/yyyy | т:. | ma Zana: | | |
| Latitude: | | | Longitude: | | | | | | | 111 | ine Zone | | |
| (Enter in decimal degrees or degrees:minutes:seconds) | | | | | | Col | lision with | Other Air | craft: | Midair | On-groun | d None | |
| AIRC | RAFT INFO | RMATIO | N | | | | | | | | | | |
| Registr | ation Number: | | | | | | | | ped and Co | | | | |
| Manufacturer: | | | | | ļ | | Commerci Unmanned | al Space Fli l Aircraft | ight | | | | |
| Model: | | | | | | | Ma | aximum Gr | oss Weigh | t: | | lbs | |
| Serial N | lumber: | | | | | | We | eight at Tin | ne of Accid | lent/Inci | dent: | | _ lbs |
| Year of | Manufacture: | | | | | | Nu | mber of Se | ats: | | Flight Cre | ew Seats: | |
| Amateu | ır-Built: Yes | | Kit/Plans Mal | ke: | | | Cab | oin Crew Seat | s: | | Passenger | Seats: | |
| | No | | Original Design | | | | Nu | mber of En | gines: | | | | |
| | ry of Aircraft | | irworthiness Ce | rtificate | | Landing Gea | | 7. | | _ | e Type (Se | | |
| Airpla Ballo | | (Check all the Standard | | | | (Check all that | | o <i>ly)</i> ictable | | | procating o Shaft | | d Rocket Rocket |
| | Dirigible | Norma | • | ted | | Tricycle | Kena | | ailwheel | | o Shan | | id Rocket |
| Glide | | Aerob | | | | • | | | | | o Jet | None | |
| Gyro _l Helic | | Balloo Comm | | | | Amphibiar Emergency | S | | | Unkn | iown | | |
| | red Lift | Transp | ort Experi | nental | | Float | Ski | | | | | | |
| Rocke Ultral | | Utility | | Light-Spo nental Ligl | | Hull | | Sl | ki/Wheel | Fuel Sys | stem Type | (Reciprocation | ng) |
| Unkn | - | Cortificate | of Authorization | _ | _ | Other Lau | nch/I | Recovery Sys | stem | Carb | uretor | Fuel- | Injected |
| | | None | | Unknown | (COA) | None | Unknown | | | | | | |
| | | | | | | | | Date | Rated Pow | | Total | | Since: |
| Engine | Engine Manufa | cturer | Engine Model/Series | | | acturer's Number | | of Mfg. mm/dd/yyyy | Horse lbs of | ower or Thrust | Time (hours) | Inspection (hours) | (hours) |
| Eng. 1 | ., | | | | | | | | | | | | |
| Eng. 2 | | | | | | | | | | | | | |
| Eng. 3 | | | | | | | | | | | | | |
| Eng. 4 | | | | ъ п | | Fixed Pi | itah | | D | .11 2 | | Fixed Pitch | |
| Last In | spection Type | | | Propell | er 1 | Controll | | Pitch | Prop | eller 2 | | Controllable l | Pitch |
| 100-H | | inuous Airwo | | | | | | d Adjustable Ground Adjustable | | | | stable | |
| AAIP Annua | | ditional Inspect nown | ction | | Manufacturer: Manufacturer: | | | | | | | | |
| | st Inspection: | | | | | | | | | | | | |
| Dute E. | ist inspection. | mm/dd/yy | yy | ELT In | stalled: | Yes | No | | | • | ipment (| Check all that | t apply) |
| | ne Total Time: | | hrs | If Yes: | 6 4 | | ADS-B Airframe Parachute | | | | | | |
| | s measured at (S | | ccident/Incident | | | er: .: | | | ` | gle of Atta | ck Indicato | r | |
| TSO No.: C91 (121.5 MHz) | | | | | C91 | a (121.5 MH | -/ | a Recorde: | r | | | | |
| Type of Maintenance Program (Select one) C126 (406 MHz) | | | | , | | | Ela | | ght Bag or Iltifunction | Handheld De | vice | | |
| Conditional (Amateur-built only) Was ELT still mounted in aircu | | | | | | Yes No Yes No | Ela | | mary Fligh | | | | |
| Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Was ELT still connected to ant Did ELT Activate? Yes | | | | | | No | 103 110 | Har | dheld GPS | | | | |
| | nuous Airworthin | | (AAII) | If active | ited: | | | | | ids Up Dis ooard Wea | | | |
| Other | , specify: | | | | | ocating Aircraf | ft: | Yes No | Sate | ellite Tracl | king Devic | e | |
| _ | tion of Fire Ex | tinguishing | System | | ctivated: | | | | | l Warning | System ing Device | | |
| None Spec | | | | Indicate | Keason: | Impact Dam Fire Damag | | | | er, Specify | - | • | |
| эрсс | ٠,٠ | | | | | Battery Exp | | /Damaged | | | | | |
| | | | | | | Unknown | | | | | | | |

| OWNER/OPERATOR INFORM | ATION | | | | | |
|--|---|--|--|--|--|--|
| Registered Aircraft Owner | | City: | | | | |
| Name: | | State: | ZIP: | | | |
| Fractional Ownership Aircraft: Yes | No | | | | | |
| <u> </u> | | Country: | | | | |
| Operator of Aircraft Same As R | egistered Owner | Same Address as Registered Owner | | | | |
| Name: | | City: | | | | |
| Doing Business As: | | State: | ZIP: | | | |
| Air Carrier/Operator Designator (4 Charac | ter Code): | Country: | | | | |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted U | Revenue Operation for FAR 1 (Select one for each group) | 121, 125, 129, 135 | | | |
| None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo | FAR 91 FAR 129 FAR FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR | 431 Non-Scheduled or Air Taxi 435 437 | Domestic International | | | |
| Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) | FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial | Passenger Cargo Mail Contract Only | | | | |
| Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) | Public Aircraft (Select one) Armed Forces | Purpose of Flight for FAR 91, (Select one) | | | | |
| Certificate of Authorization or Waiver (COA Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft | | Aerial Observation Flig Air Drop Glic Air Race/Show Inst Banner Tow Oth Business Pers Executive/Corporate Posi | fighting Unknown the Test der Tow ructional er Work Use sonal itioning | | | |
| Revenue Sightseeing Flight | Air Medical Flight | External Load Sky Ferry | diving | | | |
| Yes No | Yes No | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on an | proach landing takeoff departure or | within 3 miles of an airnort) | | | |
| | | | | | | |
| Airport Name: | | Distance From Airport Center: | | | | |
| Airport Identifier: | in On Ainmand/Ainmanin N/A | Direction From Airport: | | | | |
| Proximity to Airport: Off Airport/Airstn | ip On Airport/Airstrip N/A | Airport Elevation: | ft. msl | | | |
| Runway Information | | Condition of Runway/Landing Surf | face (Check all that apply) | | | |
| Runway ID: (L/R/C) Length: | ft Width: ft | Dry Snow-Compa | == :: | | | |
| Runway/Landing Surface (Check all that | | Holes Snow-Crusted | TIJ | | | |
| Asphalt Grass/Turf Mac | | Ice Covered Snow-Dry Rough Snow-Wet | Water-Glassy Wet | | | |
| | auaiii watti | Rough Show wet | | | | |
| | al/Wood | Rubber Deposits Soft | ** 1 | | | |
| Dirt Ice Sno | al/Wood | 8 | Unknown | | | |
| Dirt Ice Sno | al/Wood w Unknown | Rubber Deposits Soft | Unknown | | | |
| | al/Wood w Unknown e) On Instrument A | Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A | Approach round ted Landing (after touchdown) | | | |
| Approach/Departure Segment (Select on Taxi Takeoff VFR Departure Pro | al/Wood w Unknown e) On Instrument A | Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor | Approach cround ted Landing (after touchdown) nown | | | |
| Approach/Departure Segment (Select on Taxi VFR Departure Takeoff Initial Climb | al/Wood w Unknown e) On Instrument A | Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor Crosswind Unkn | Approach cround ted Landing (after touchdown) nown | | | |
| Dirt Ice Sno Approach/Departure Segment (Select on Taxi VFR Departure Takeoff IFR Departure Pro Initial Climb IFR Approach (Check all that apply) | al/Wood w Unknown e) On Instrument A | Rubber Deposits Soft Slush-Covered Vegetation pproach Downwind Low Base Go A Final Abor Crosswind Unkn VFR Approach (Check all that apply) | Approach cround ted Landing (after touchdown) nown | | | |

| "FLIGHT CREWMEN | MBER 1" INFOR | MATION | 1 | | | | | | | |
|---|-------------------------------|-------------------------|----------------------|-------------------------|----------------------------|-------------------------------|------------------------------|--------------|-----------------------|---------------------|
| "Flight Crewmember 1" R | | | | | | | | | | |
| Pilot Co-Pilot | Student Pilot | Flight Inst | ructor C | heck Pilot | Fligh | nt Engineer | Other I | Flight Crew | | |
| "Flight Crewmember 1" w | | es No | | | | | | | | |
| "Flight Crewmember 1" Id First Name: | | | | (| ity of Re | esidence: | | | | |
| Middle Initial: | | | | | | | | ZIP: | | |
| Last Name: | | | | _ | | | | ZII | | |
| | of Accident/Incident: | | | | Country: . | | m/dd/yyyy | | | |
| Age at time (| of Accident/Incident | | | | | | m/aa/yyyy | | | |
| Degree of Injury | Seat Occupied | Certi | ificate Numbe | | traint Ty | | | | ICl4b.lT | |
| None Fatal | Left | Front | Unknown | | _ | _ | TT 3 | | Inflatable F | Kestramts |
| Minor Unknown Serious | Right Center | Rear Single | | | Available None Lap o | | None Lap only | y | Not Installe | |
| Pilot Certificate(s) (Check | all that apply) | | | | 3-poir | nt | 3-point | | Not Dep | |
| | | nercial | US Milit | ary | 4-poir 5-poir | | 4-point 5-point | | Deploye Unknov | |
| Private Recre Student Sport | | e Transport Engineer | Foreign | | Unkn | | Unknov | vn | | |
| 2,711 | | | | | | | | | | |
| Principal Occupation | Medical Certificate | | | | | tificate Va | - | | Date of Las | st Medical |
| Pilot Other | None Class Class 1 Driv | | e (Sport Pilot o | 1 | | nitations/wai tions/waiver | | nknown /A | | |
| Unknown | D11 1 | nown | (Sport I not of | | Special Issu | | | /11 | mm/dd/yyyy | |
| Medical Certificate Limita | ations | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Specia | al Issuanco | | | | | | | | | |
| Wiedical Cel filicate Specia | ii issuance | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | ur | Flight D | eview Aircra | .ft | | | | | | |
| or Equivalent, Including | • | | | | | | | | | |
| FAR 121/135 Checks: | /11/ | Model: | | | | | | | | |
| Ailana Datina(a) | mm/dd/yyyy Other Aircraft Ra | _ | 1 | 4 D - 4:(-) | ` | T | D -4:(-) | | | |
| Airplane Rating(s) (Check all that apply) | (Check all that apply) | | (Check all ti | | , | (Check all | r Rating(s) that apply) | | | |
| None | None | | None | | | None | | | Instrument . | Airplane |
| Single-Engine Land Single-Engine Sea | Airship Balloon | | Airplane Helicopt | | | | e Single-Eng e Multi-Engi | | Instrument Helicopter | Helicopter |
| Multiengine Land | Glider | | Powered | | | Gyropla | | ie | Glider | |
| Multiengine Sea | Gyroplane | | | | | Powere | d Lift | | Sport | |
| | Helicopter Powered Lift | | | | | | | | | |
| Type Ratings | | | • | | | Student E | Endorsemen | nts (Include | dates) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Flight Time (F) | , | | Airplane | | | Inst | rument | | | |
| Flight Time (Enter appropriation number of hours in each box) | | s Make Model | Single Engine | Airplane Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Lighter Than Air |
| Total Time | | | 8 | e ' | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | 1 | | | Ī | 1 | |

| "FLIGHT CREWMEN | <u>IBER 2" INFO</u> | <u>ORMATIC</u> | <u>N</u> | | | | | | | |
|---|----------------------------|-----------------|------------------|-------------------------|------------|-----------------|-------------------------------|----------------|----------------------------|---------------------|
| "Flight Crewmember 2" Re | _ | | | | | | | | | |
| Pilot Co-Pilot "Flight Crewmember 2" wa | Student Pilot | Č | nstructor No | Check Pilot | Flig | ght Engineer | Other I | Flight Crew | | |
| "Flight Crewmember 2" Id | | 100 | | | | | | | | |
| First Name: | | | | Cit | ty of Re | esidence: | | | | |
| Middle Initial: | | | | | | | | | | |
| | | | | | | | | IP: | | |
| Last Name: | | | | | | | | | | |
| Age at time of | Accident/Incident | | | | | mn | ı/dd/yyyy | | | |
| | | | rtificate Numb | | | | | 1 | | |
| Degree of Injury | Seat Occupi | | | | raint T | ype | | I | nflatable R | estraints |
| None Fatal Minor Unknown | Left Right | Front Rear | Unknov | /n | Availab | | Used | | | |
| Serious | Center | Single | | | None | | None | | Not Inst Installed | |
| Pilot Certificate(s) (Check a | ll that apply) | | | | Lap | • | Lap only 3-point | , | Not Dep | |
| , , , | | Commercial | US Mi | litary | 4-po | | 4-point | | Deploye | ed |
| Private Recrea | | Airline Transpo | _ | ı | 5-po | int nown | 5-point Unknow | 712 | Unknow | 'n |
| Student Sport | F | Flight Engineer | r | | Oliki | nown | Clikilow | , ii | | |
| Principal Occupation | Medical Certifica | ate | | Med | lical Ce | ertificate Va | lidity |] | Date of Las | t Medical |
| Pilot | None | Class 3 | | | | mitations/wai | - | nknown | | |
| Other | Class 1 | | nse (Sport Pilot | only) W | ith limit | tations/waivers | | /A | (7.7) | |
| Unknown | Class 2 | Unknown | | Sı | pecial Iss | suance | | | mm/dd/yy | yy |
| Medical Certificate Limitat | ions | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Madical Cartificate Special | Iggnanaa | | | | | | | | | |
| Medical Certificate Special | Issuance | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review or Equivalent, Including | | Flight | t Review Airc | raft | | | | | | |
| FAR 121/135 Checks: | | Make: | | | | | | | | |
| _ | mm/dd/yyyy | Model | : | | | | | | | |
| Airplane Rating(s) | Other Aircraft | t Rating(s) | Instrum | ent Rating(s) | | Instructor | Rating(s) | | | |
| (Check all that apply) | (Check all that ap | pply) | (Check all | that apply) | | (Check all th | nat apply) | | | |
| None | None | | None | | | None | | | Instrument A | |
| Single-Engine Land Single-Engine Sea | Airship Balloon | | Airpla Helico | | | | Single-Engine Multi-Engine | | Instrument H Helicopter | elicopter |
| Multiengine Land | Glider | | Power | | | Gyroplar | _ | | Glider | |
| Multiengine Sea | Gyroplane | | | | | Powered | Lift | | Sport | |
| | Helicopter Powered Lift | | | | | | | | | |
| Type Ratings | 1 o mereu Ent | | | | | Student Er | ndorsement | ts (Include de | ates) | |
| -,pg- | | | | | | | | (= | , | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Flight Time (Enter appropria | te All | This Make | Airplane | Ajunlone | | Inst | rument | | | Liahtan |
| number of hours in each box) | Aircraft | & Model | Single Engine | Airplane Multiengine | Night | t 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 | | | | | | | | | | |

| | CICETTIME | JEKS (| Exclusive | e of cabin cre | ew, complete | the followin | <u>g iniormation)</u> | | | |
|--|---|-------------|---------------------------|--|--|--|--|--|---|--|
| Crew Name and Address | 3 | | | | | | Seat Occupie | d | Injury | |
| First Name: | | _ City | of Resider | nce: | | | Left | Front Rear | None | |
| Middle Initial: | | State: ZIP: | | | | | Center Right | Single | Minor Serious | |
| Last Name: | | Cou | ntry: | | | _ | <i>3</i> · | Unknown | Fatal | |
| | | | | | | | D (1 (17) | | Unknown | |
| Pilot Certificate(s) (Check | k all that apply) | | | | | | Restraint Typ Available | pe: Used | Inflatable Restraints | |
| None | Flight Instructor | | nmercial | | Military | | None | None | Not Installed | |
| Private Student | Recreational Sport | | ine Transp tht Enginee | | eign | | Lap Only 3-point | Lap Only 3-point | Installed | |
| Student | Speri | 8 | | | | | 4-point | 4-point | Not Deployed | |
| Type Rating/Endorseme | nt for | | | light Time at | | | 5-point Unknown | 5-point Unknown | Deployed Unknown | |
| Accident/Incident Aircra | aft? Yes | No | of this A | Accident/Inci | dent: | hrs | Ulikilowii | Clikilowii | | |
| Crew Name and Address | | | | | | | Sant Onneria | <u>.</u> | Injury | |
| | | City | of Dogidar | | | | Seat Occupie | Front | None | |
| First Name: | | | | nce: | | | Center | Rear | Minor | |
| Middle Initial: | | | | | ZIP: | | Right | Single Unknown | Serious Fatal | |
| Last Name: | | Cou | ntry: | | | _ | | | Unknown | |
| Pilot Certificate(s) (Check | k all that apply) | | | | | | Restraint Typ | oe: | Inflatable | |
| None | Flight Instructor | Con | nmercial | US | Military | | Available None | Used None | Restraints | |
| Private | Recreational | | ine Transp | | eign | | Lap Only | Lap Only | Not Installed | |
| Student | Sport | Flig | tht Enginee | er | | | 3-point | 3-point | Installed Not Deployed | |
| Type Rating/Endorseme | nt for | | Total F | light Time at | t the Time | | 4-point 5-point | 4-point 5-point | Deployed | |
| Accident/Incident Aircra | | No | | Accident/Inci | | | Unknown | Unknown | Unknown | |
| PASSENGER(S) / O7 | THER PERSON | NNEL (| Include c | abin araun a | antinua an a | anarata shaq | t if necessary) | | | |
| 1110011011(0) | | / | iliciade c | abin crew; co | | | t ii liecessary) | T. C. A. L.L. | | |
| Name and Address | | (| merade c | Seat | Injury | Restraint T | | Inflatable Restraints | Age | |
| Name and Address | | | | Seat | Injury | Restraint T | `ype Used | Restraints | | |
| Name and Address First Name: | City : | | | Seat Left | Injury None | Restraint T Available None Lap Only | Type Used None | Restraints Not Installed | Age Under 5 years | |
| Name and Address First Name: Middle Initial: | City : Z | ZIP: | | Seat Left Center Right | None Minor Serious | Restraint T Available None Lap Only 3-point | Used None Lap Only 3-point | Not Installed Installed Not Deployed | Under 5 years If Under 5, | |
| Name and Address First Name: Middle Initial: Last Name: | City : Z State: Z Country: | ZIP: | | Seat Left Center Right Unknown | None Minor Serious Fatal | Restraint T Available None Lap Only | Vype Used None Lap Only | Restraints Not Installed Installed | Under 5 years If Under 5, Child Restraint | |
| Name and Address First Name: Middle Initial: | City : Z | ZIP: | | Seat Left Center Right | None Minor Serious | Restraint T Available None Lap Only 3-point 4-point | Vype Used None Lap Only 3-point 4-point 5-point | Not Installed Installed Not Deployed Deployed | Under 5 years If Under 5, | |
| Name and Address First Name: Middle Initial: Last Name: Crew | City : Z State: Z Country: Passenger | ZIP:Oti | her | Left Center Right Unknown Row: | None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: | City : Z State: Z Country: Passenger City : | ZIP:Oti | her | Left Center Right Unknown Row: | None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown | None Lap Only 3-point 4-point 5-point Unknown Used None | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: | City : Z State: Z Country: Passenger City : State: Z | ZIP: | her | Left Center Right Unknown Row: Left Center Right | None Minor Serious Fatal Unknown None Minor Serious | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point | Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: | City : Z State: Z Country: Passenger City : State: Z Country: | ZIP: | her | Left Center Right Unknown Row: Left Center Right Unknown | None Minor Serious Fatal Unknown None Minor Serious Fatal | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only | Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: | City : Z State: Z Country: Passenger City : State: Z | ZIP: | her | Left Center Right Unknown Row: Left Center Right | None Minor Serious Fatal Unknown None Minor Serious | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point | None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point | Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: | City : Z State: Z Country: Passenger City : Z Country: Z Passenger | Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available Available Available Available | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used | Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: | City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown | Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: | City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Jone Lap Only 3-point Only 3-point Available None Lap Only 3-point | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown | Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: | City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point | Vype Used None Lap Only 3-point 4-point 5-point Unknown | Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: | City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Country: Z State: Z | Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Serious Fatal Onknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point Jone Lap Only 3-point Only 3-point Available None Lap Only 3-point | Vype Used None Lap Only 3-point 4-point 5-point Unknown | Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Installed Unknown Not Installed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years | |
| Name and Address First Name: | City : Z Country: Passenger City : Z _ Country: Z _ Country: Passenger City : Z _ Country: Z _ Country: Z _ Country: Z | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 4-point 5-point 4-point 5-point Unknown Available | None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 1-point 1-po | Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown | |
| Name and Address First Name: | City : Z State: Z Country: Passenger City : Z Country: Passenger City : Z Country: Z _ | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown | Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only | Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installe | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown | |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: | City : Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Caty : Z City : Z City : Z City : Z | CIP:Oti | her | Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown | Vype Used None Lap Only 3-point 4-point 5-point Unknown | Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Child Restraint Lap-Held Unknown | |
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| Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: | City : Z Country: Passenger City : Z Country: Passenger City : Z Country: Z Caty : Z City : Z City : Z City : Z | ZIP:Oti | her | Left Center Right Unknown Row: | None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown | Restraint T Available None Lap Only 3-point 4-point 5-point Unknown | Vype Used None Lap Only 3-point 4-point 5-point Unknown | Not Installed Installed Not Deployed Unknown Not Installed Instal | Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years | |

| FLIGHT ITINERARY I | NFORMATIO | V | | | | | | |
|--|---------------------------------|----------------------------|-----------------------|-----------------------|-------------------------------------|-------------------|----------------------------|----------------|
| Last Departure Point | Tim | e of Departure | Destination | on | | Type Flight | Plan File | ed |
| Airport ID: | | - | Airport ID: | | | None | | VFR/IFR |
| City: | Time | : | | | | Company | | IFR |
| State: | | Zone: | | | | Military V VFR | FK | Unknown |
| Country: | | | | | | Activated? | Yes | No Unknown |
| Type of ATC Clearance/Ser | | annhı) | | | | | | |
| None VFR | Special VFR IFR | Spe | ecial IFR R On Top | | VFR Flight Folk Traffic Advisory | | Cruise Unknow | wn / NA |
| Airspace where the accident | | | 1 | | | <u>'</u> | | |
| - | Class G | | itary Operations | Area (MOA) | Special | | | of In-Flight |
| | Demo Area | | port Advisory A | rea | Air Traffic Conti | rol Area | Occurre | |
| | Warning Area Prohibited Area | Jet 7 | Training Area | | Unknown | | | ft msl |
| | Restricted Area | | R 93 | | | | | |
| WEATHER INFORMA | TION AT THE | ACCIDEN | T/INCIDEN | IT SITE | | | | |
| Source of Pilot Weather Info | | | | ı | ervation Facility | , | | |
| (Check all that apply) | | | | Facility ID: | | | | |
| National Weather Service | Com | | | | ne: | | | |
| Flight Service Station TV/Radio | Milit Inter | - | | | | | | |
| Automated Report | None | | | | ccident Site: | | | |
| Commercial Weather Service On-Board Weather | (DUATS) Unkı | nown | | | Accident Site: | | degrees tr | ne. |
| Basic Conditions | | Light Conditi | ion | Direction from 7 | Accident Site. | | _ degrees ii | uc |
| VMC | | Dawn | Dusk | Dark ' | Night Un | ıknown | | |
| IMC | | Day | Night | | t Night | ikiio wii | | |
| Unknown | | - | | | | | | |
| Sky/Lowest Cloud Condition | n | Ceiling | | | Temperature: | (| C) or | (F) |
| Clear | Thin Broken | None (Clear) | | Obscured | Dow Points | (C) | or | (F) |
| Few Thin Overcast Partial Obscuration Unknown | | Broken Overcast | | Indefinite Unknown | | | | |
| Scattered | | C.mine with | | | Altimeter Setting: in. Hg or MB | | | |
| Lowest Cloud Condition He | eight | Ceiling Heigh | t | | | ог | MB | |
| | ft agl | | | ft agl | | | | |
| Wind Direction | Wind Speed | | Wind Gusts | 1 | Visibility | | miles | |
| Variable | Calm | | Not Gustin | ng | RVR | : | feet | |
| | Light and Varia | ible | | | | · | | |
| -or- Direction: degrees true | -or- Speed: | kts | -or- Speed: | kts | | | | 2 |
| | | | | Kt5 | Density Altitu | | | ît |
| Intensity of Precipitation | Type of Precipita | | | - D-i | Restriction to | | i <i>eck all tha</i> og | t apply) |
| Light Moderate | None Rain | Drizzle Ice Pellets | Freezin Snow S | | Blowing Du | | round Fog | |
| Heavy | Snow | Snow Pellet | s Ice Pell | ets Shower | Blowing Sa | | aze | |
| N/A Unknown | Hail Rain Showers | Snow Grain Ice Crystals | | g Drizzle | Blowing Sn Blowing Sp | | e Fog noke | |
| Ulikliowii | Rain Snowers | ice Crystais | | | Dust | , | nknown | |
| Icing Forecast | | Icing Actual | | | Turbulence | | | |
| Amount Type | | Amount | Type | | Type (Check a | ll that apply) | Seve | |
| None N/A Trace Rime | | None Trace | N/A Rime | | None Clear Air | | | ght oderate |
| Light Clear | | Light | Clear | | Terrain-Indu | | Se | evere |
| Moderate Mixed | | Moderate | Mixe | | Convective | Turbulence | Ex | treme |
| Severe Unknow Unknown | 'n | Severe Unknown | Unkr | 10WII | | | | - |
| | IDMET CIC | | | 41 4 | | J 4 | | |
| NOTAMs (D and FDC), A | AIKWIETS, SIGN | IE I S, PIKEPS | s in effect at | tne time of th | e accident/incid | uent: | | |
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| DAMACETO | AIDCDAFT | ND OTHER REAL | EDTV | | |
|-------------------------|----------------------|---|--|-----------------------------|---------------------------------|
| | AIRCRAFT A | ND OTHER PROP | EKIY | Aironoft E1 | |
| Aircraft Damage None | Substantial | Aircraft Fire None | Both Ground and In-Flight | Aircraft Explosion None | Both Ground and In-Flight |
| | Destroyed | In-Flight | Fire at Unknown Time | In-Flight | Explosion at Unknown Time |
| | Unknown | On-Ground | Unknown | On-Ground | Unknown |
| Description of Dat | mage to Aircraft a | nd Other Property (Us | e additional sheet if necessary) | | |
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| | | GHT (Please type or pi | | 0 11 11 | |
| Describe what oc | curred in chronolo | gical order, including c | ircumstances leading to and nat f needed. State departure time and | ure of accident/incident | t. Describe terrain and include |
| destination. Provid | de as much detail as | ent. Attach extra sneets i s possible. | i needed. State departure time and | a and location, services of | obtained, and intended |
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| RECOMMENDATION (How | v could this accident/incident have been pre | evented?) | |
|--|---|--|--|
| Operator/Owner Safety Recomm | nendation | | |
| MECHANICAL MALFUN | NCTION/FAILURE (If more space is n | needed, continue on separate sheet) | |
| Was there Mechanical Malfund (If yes, list the name of the part, manual field) FUEL & SERVICES INF Fuel on Board at Last Takeoff (Convert from pounds, as necessary) Other Services, if Any, Prior to | GRMATION Fuel Type 80/87 100 Low Lead Jet A 100/130 Jet A-1 | | Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours |
| EVACUATION OF AIRC | PAFT | | |
| | | | |
| Was an emergency evacuation Method of Exit – Describe how | of the aircraft performed? Yes the occupants exited and how many occupant | No ts evacuated each location | |
| OTHER AIRCRAFT - C | OLLISION (If air or ground collision occ | curred, complete this section for other airc | eraft) |
| Aircraft Registration Number | Manufacturer: | | Destroyed Minor Substantial None |
| Registered Owner of Other Air | reraft | Pilot of Other Aircraft | |
| Name: | | Name: | |
| City: | | City: | |
| State:ZIP:ZIP: | | State: ZIP: Country: | |
| Country. | | Country. | |

| ADDITIONAL INF | ORMATIC | ON (Please type or print in ink) | | |
|------------------------|--------------|---|-----------------------------------|----------------------|
| Use this space if addi | tional space | is needed for any answers. | | |
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| Date of this Report | Name of | Pilot/Operator: | | |
| | _ | | | |
| mm/dd/yyyy | or | Check here to electronically sign this of | locument | |
| If a Person Other tha | an Pilot/Op | erator is Filing Report | | |
| Name: | | | Title: | |
| | | | | |
| | | electronically sign this document | | |
| | | FOR NTSB (| USE ONLY | |
| NTSB Accident/Incident | dent No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received |
| | | | | |