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	ille Zolle		
(Enter in decimal degrees or degrees:minutes:seconds)						Coll	lision with	Other Air	craft:	Midair	On-groun	d None	
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:								ped and Co				
Manufacturer:					ļ		Unmanned	al Space Fli l Aircraft	ght				
							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 \			Type (Se		15.1
Airpla Ballo		(Check all the Standard				(Check all that		o <i>ly)</i> ictable			procating o Shaft		d Rocket Rocket
	/Dirigible	Norma	l Restric			Tricycle	cona		ailwheel		o Prop		id Rocket
Glide Gyroj		Aeroba Balloo				•					o Jet	None Unknown	
Helic		Comm				Amphibiar Emergency	_				Turbo Fan Unknown Electric		lOWII
Powe Rocks	red Lift	Transp Utility			t	Float	Ski Ski/Wheel						
Ultral		Othity		Light-Spo mental Ligl		Hull					• •	(Reciprocation	<u> </u>
Unknown Certificate of Authorization or Waiver (COA)			Other Lau	nch/l	Recovery Sys	stem	Carb	uretor	Fuel-	Injected			
		None	1	Unknown	1	None	Unknown Date Rated Power Total Time Since:						
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow Horse	ower or	Total Time	Time Inspection	
Engine	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	*		(hours)	(hours)	(hours)
Eng. 1							-						
Eng. 2 Eng. 3							-						
Eng. 4							-						
	spection Type			Propell	er 1	Fixed Pi			Prop	eller 2		Fixed Pitch	
100-H		inuous Airwo	rthiness				ollable Pitch Controllable Pitch d Adjustable Ground Adjustable						
AAIP		ditional Inspec		Manufac	turer:	Ground			Manı	ıfacturer:		Ground Augus	
Annua	al Unki	nown							Mode	- el:			
Date La	st Inspection:	mm/dd/yy		ELT In:	stalled:	Yes 1	No					Check all that	
Airfran	ne Total Time:			If Yes:					AD				11 17
	s measured at (S					er:			II .	frame Para	chute ck Indicato	ır	
L	ast Inspection	Time of A	ccident/Incident			.:	C91-	a (121.5 MH:	Aut	opilot			
Type of Maintenance Program (Select one) TSO No.: C91 (121.5 MHz) C126 (406 MHz)						C)1.	a (121.3 Will	Dat	a Recorde		Handheld De	vice	
Annual Was FLT still mounted in give				unted in aircraf	ft?	Yes No	Elec	etronic Mu	ltifunction	Display			
Manufacturer's Inspection Program Was ELT still connected to and						Yes No	, ,	ctronic Pri idheld GPS	mary Fligh S	t Display			
	Approved Inspec		(AAIP)	If active		? Yes N	No		Hea	ds Up Dis	play		
	nuous Airworthin, specify:	ess		v		ocating Aircraf	ft:	Yes No		oard Wea	ther cing Device	e	
	tion of Fire Ex	tinguishing	System	If not ac	ctivated:				Stal	l Warning	System		
None	;	_ 3	-	Indicate	Reason:	Impact Dan				eo Record er, Specify	ing Device	:	
Spec	шу.					Fire Damag Battery Exp		/Damaged	J Can	ci, opecity			
						Unknown							

	DRMATI	ION						
Registered Aircraft Owner				City:				
Name:				State:	ZIP:			
	Yes No				ZII			
•	ie As Registe			Same Address as Registered Owner City:				
Name:								
Doing Business As:				State:	ZIP:			
Air Carrier/Operator Designator (4)	Character C	Code):		Country:	 			
Operating Certificates Held (Check all that apply)	R	Regulation Flight Condu	cted Under	Revenue Operation for FA (Select one for each group)	AR 121, 125, 129, 135			
None Flag Carrier Operating Certificate (FA Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135)	R 121)	FAR 91 FAR 129 FAR 103 FAR 133 FAR 121 FAR 135 FAR 125 FAR 137 FAR 91 Special Flight Non-US, Commercial	FAR 415 FAR 431 FAR 435 FAR 437	Scheduled or Commuter Non-Scheduled or Air Tax Passenger Cargo Mail Contract Only	Domestic i International			
On-Demand Air Taxi (FAR 135)		Non-US, Non-commercial		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 (Select one)	1.91, 103, 133, 137 Firefighting Unknown			
Certificate of Authorization or Waive Commercial Space Transportation Experimental Permit Commercial Space Transportation Lie Other Operator of Large Aircraft	ense	Federal State Local Unknown		Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	Flight Test Glider Tow Instructional Other Work Use Personal Positioning			
Revenue Sightseeing Flight	A	ir Medical Flight		External Load Ferry	Skydiving			
Yes No		Yes No						
AIRPORT INFORMATION	(Fill in if ac	ccident/incident occurre	d on approac	ch. landing, takeoff, departure	e. or within 3 miles of an airport)			
Airport Name:			1 171	istance From Airport Center	:sm			
Airport Identifier				Aina Enam Aina				
Airport Identifier: Off Airpo	t/Airstrin		Di	rection From Airport:	degrees true			
Airport Identifier: Off Airpo	t/Airstrip	On Airport/Airstrip	Di	rection From Airport:	degrees true			
	t/Airstrip		N/A Di		degrees true ft. msl			
Proximity to Airport: Off Airpo			N/A Ai Cou	irport Elevation: ndition of Runway/Landing Dry Snow-Co	degrees true ft. msl Surface (Check all that apply) pmpacted Water-Calm			
Proximity to Airport: Off Airpo Runway Information	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft	rport Elevation:	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice	gth: all that apply Macadam Metal/Wo Snow	On Airport/Airstrip ft Width:	N/A Ai Cool ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft	ndition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final	degrees true ft. msl Surface (Check all that apply) ompacted Water-Calm usted Water-Choppy y Water-Glassy et Wet on Unknown Low Approach Go Around Aborted Landing (after touchdown)			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Coo ft S ment Approach	ndition of Runway/Landing Dry Snow-Co Holes Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final Crosswind	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:	On Airport/Airstrip ft Width:	N/A Ai N/A Con ft S Interpretation of the second of th	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation h Downwind Base Grinal Crosswind TR Approach (Check all that a	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (State of the content of the conten	gth:	On Airport/Airstrip ft Width:	N/A Ai Cool ft S where the state of the	mdition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Vegetation h Downwind Base Final Crosswind TR Approach (Check all that approach) R Approach (Check all that approach)	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm water-Choppy Water-Glassy et Wet Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			
Runway Information Runway ID:(L/R/C) Ler Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Ice Approach/Departure Segment (Staxi VFR Departakeoff IFR Depart Initial Climb	gth:all that apply Macadam Metal/Wo Snow elect one) ture ure Procedur	On Airport/Airstrip ft Width:	N/A Ai N/A Con ft S Imment Approach VF N N N N N N N N N N N N N	Indition of Runway/Landing Dry Snow-Co Holes Snow-Cr Ice Covered Snow-Dr Rough Snow-W Rubber Deposits Soft Slush-Covered Vegetation h Downwind Base Grinal Crosswind TR Approach (Check all that a	degrees true ft. msl Surface (Check all that apply) magacted Water-Calm musted Water-Choppy y Water-Glassy et Wet On Unknown Low Approach Go Around Aborted Landing (after touchdown) Unknown			

"FLIGHT CREWMEN	MBER 1" INFOR	MATION	1							
"Flight Crewmember 1" R										
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor C	heck Pilot	Fligl	ht Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		es No								
"Flight Crewmember 1" Io										
First Name:										
Middle Initial:					state:			ZIP:		
Last Name:				_	Country:					
Age at time of	of Accident/Incident: _					m	m/dd/yyyy			
		Certi	ificate Numbe							
Degree of Injury	Seat Occupied	ъ.	** 1		traint Ty	ype			Inflatable F	Restraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknown		Availabl e None Lap o	-	Used None Lap onl	N	Not Installed	
Pilot Certificate(s) (Check	all that apply)				3-poii		3-point	,	Not Dep	oloyed
		nercial	US Milit	ary	4-poii 5-poii		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		e Transport Engineer	Foreign		Unkn		Unknov	vn	Chimor	· II
Student Sport	, I light	Engineer								
Principal Occupation	Medical Certificate			Med	dical Cer	tificate Va	lidity		Date of Las	t Medical
Pilot	None Class Class 1 Driv		(C + D'1 +			nitations/wai tions/waiver		nknown		
Other Unknown	D11 1	nown	e (Sport Pilot or		special Issu		S IN	/A	mm/dd/yy	
Medical Certificate Limita					-			1		
35 11 10 100 100 1										
Medical Certificate Specia	il Issuance									
D. C. C. C. C. L. D. C.		EU L D		0.						
Date of Last Flight Review or Equivalent, Including	y		Review Aircra							
FAR 121/135 Checks:										
	mm/dd/yyyy	Model: _	1							
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		Instrumen (Check all th)	(Check all	r Rating(s)			
None	None		None	11 .,		None			Instrument .	Airplane
Single-Engine Land	Airship		Airplane			Airplan	e Single-Eng		Instrument	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopt Powered			Aırplan Gyropla	e Multi-Engii one	ne	Helicopter Glider	
Multiengine Sea	Gyroplane					Powere			Sport	
	Helicopter Powered Lift									
Type Ratings						Student E	Endorsemen	nts (Include	dates)	
			Airplane		<u> </u>	Inet	rument			
Flight Time (Enter appropriation number of hours in each box)		s Make Model	Single	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	The chart of the	- 544-4	2.ngine	u.u.u.g.mt		Actual	Simulated	110torerunt	Giluci	
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEN	MBER 2" INFOR	<u>MATION</u>	1							
"Flight Crewmember 2" R	-									
Pilot Co-Pilot	Student Pilot	Flight Instr		Check Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" w		es No	0							
"Flight Crewmember 2" Io										
First Name:						sidence:				
Middle Initial:					ate:		Z	IP:		
Last Name:										
Age at time of	f Accident/Incident:		Date of Birt	h:		<i>mm</i>	/dd/yyyy			
		Certif	ficate Numbe							
Degree of Injury	Seat Occupied	F .	** 1		traint T	ype			Inflatable R	estraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknowr	1	Availab None Lap	2	Used None Lap only	,	Not Inst	
Pilot Certificate(s) (Check	all that apply)				3-po		3-point	′	Not Dep	
		nercial	US Mili	tary	4-po		4-point		Deploye Unknow	
Private Recre Student Sport		e Transport t Engineer	Foreign		5-po Unkı	nown	5-point Unknow	'n	Ulikilow	11
Student Sport	1 light	Engineer								
Principal Occupation	Medical Certificate			Med	lical Ce	rtificate Val	lidity		Date of Las	t Medical
Pilot	None Class		. (C+ D:1-+ -			mitations/waiv		nknown		
Other Unknown		nown	e (Sport Pilot o	3/	pecial Iss	ations/waivers suance	i N	/A	mm/dd/yy	yy
Medical Certificate Limita								I		
Medical Certificate Specia	l Issuance									
D. C. C. C. C. L. D. C.		EU L D								
Date of Last Flight Review or Equivalent, Including	V	Flight R	leview Aircr	att						
FAR 121/135 Checks:	· · · · · · · · · · · · · · · · · · ·									
	mm/dd/yyyy	Model: _	1							
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		(Check all t	nt Rating(s))	Instructor (Check all th				
None	None		None None	11 27		None None			Instrument A	irplane
Single-Engine Land	Airship		Airplane	e		Airplane	Single-Engin	e	Instrument H	
Single-Engine Sea Multiengine Land	Balloon Glider		Helicopi Powered			Airplane Gyroplan	Multi-Engine	;	Helicopter Glider	
Multiengine Sea	Gyroplane		Towered	ı Liit		Powered			Sport	
	Helicopter Powered Lift									
Type Ratings	Towered Ent					Student Er	ıdorsement	s (Include d	lates)	
71 · · · · g·								(,	
			Airplane		<u> </u>	_			1	
Flight Time (Enter appropri		s Make	Single	Airplane			rument	D	GW 1	Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)									1	
Time as Instructor									1	
This Make/Model										
Last 90 Days										
Last 30 Days									1	
Last 24 Hours									1	

ADDITIONAL I LIGI	11 CREVVIVIEIV	IBERS (E	xclusive	of cabin cre	ew, complete	the followin	g information)		
Crew Name and Addres	ss						Seat Occupie	d	Injury
First Name:		City o	f Residen	ce:			Left Center	Front Rear	None
Middle Initial:	_	State:	State: ZIP:					Single	Minor Serious
Last Name:		Count	ry:			_	Right	Unknown	Fatal
							D / 1/E		Unknown
Pilot Certificate(s) (Che	ck all that apply)						Restraint Typ Available	e: Used	Inflatable
None	Flight Instructor		mercial		Military		None	None	Restraints Not Installed
Private Student	Recreational Sport		ne Transpo t Engineer		eign		Lap Only 3-point	Lap Only 3-point	Installed
Student	Sport	1 11911	t Engineer	•			4-point	4-point	Not Deployed
Type Rating/Endorsem	ent for	7	Total Fli	ght Time at	the Time		5-point	5-point Unknown	Deployed Unknown
Accident/Incident Aircr	raft? Yes	No 0	of this A	ccident/Inci	dent:	hrs	Unknown	Ulknown	
Crew Name and Address	SS						Seat Occupie		Injury
First Name:							Left Center	Front Rear	None Minor
Middle Initial:	_	State:		2	ZIP:		Right	Single	Serious
Last Name:		Count	ry:			_		Unknown	Fatal Unknown
P1 (C (*** () (G)							Restraint Typ	201	
Pilot Certificate(s) (Che		C.		T.I.O.	NCT:		Available	Used	Inflatable Restraints
None Private	Flight Instructor Recreational		nercial ne Transpo		Military eign		None	None Lap Only	Not Installed
Student	Sport		t Engineer		8		Lap Only 3-point	3-point	Installed
Type Deting/Endergem	ant fau	-	Total Eli	aht Time of	the Time		4-point	4-point	Not Deployed Deployed
Type Rating/Endorsem Accident/Incident Aircr				ght Time at	dent:	hrs	5-point Unknown	5-point Unknown	Unknown
				cciucii/iiici	uciit		Clikilowii	Olikilowii	
PASSENGER(S)	THER PERSO)NNFI (In	iclude ca	hin crew: co	ontinue on s	enarate shee	t if necessary)		
PASSENGER(S) / O	THER PERSO	ONNEL (In	clude ca	bin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Address	THER PERSO	ONNEL (In	iclude ca	bin crew; co	ontinue on s	eparate shee Restraint T		Inflatable Restraints	Age
Name and Address		·		•		Restraint T	Sype Used		Age
Name and Address First Name:	City :			Seat Left	Injury None	Restraint T Available None	Type Used None	Restraints Not Installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat	Injury	Restraint T Available None Lap Only 3-point	Vype Used None Lap Only 3-point	Restraints Not Installed Installed	Under 5 years
Name and Address First Name:	City : State:	ZIP:		Seat Left Center	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	Vype Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held
Name and Address First Name: Middle Initial: Last Name: Crew	City : State: Country: Passenger	ZIP:	er	Seat Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point	Vype Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : State: Country: Passenger City :	ZIP:Othe	er	Seat Left Center Right Unknown	None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None	Vype Used 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 : State: Country: Passenger City : State: Stat	ZIP:	er	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor	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 None	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
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : State: Country: Passenger City : State: Stat	ZIP:Othe	er	Left Center Right Unknown Row:	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	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	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:	City : State: Country: Passenger City : State: Stat	ZIP:	er	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	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 Installed Installed Not Deployed	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	City : State: Country: Passenger City : State: Country: Passenger	ZIP:Othe	er er	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 3-point 4-point 5-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 Volume Used Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	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: Last Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City:	ZIP:Other	er er	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 Apoint 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	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not 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:	City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country:	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor	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 None Lap Only	Not Installed Installed Deployed Unknown Not Installed Installed 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, 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: State: Country: Passenger City: State: Country: Passenger City: State: State: Country:	ZIP:Other	er er	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	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 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
Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country:	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	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 4-point 5-point Unknown	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 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Installed Not 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 Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Country:	ZIP: Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal 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 Available None None None None None	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 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, 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: Crew First Name: Crew	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Country:	ZIP:Other	er er	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 Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only Available None Lap Only	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only S-point Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Under 5, Under 5, Under 5, Under 5 years Under 5 years
Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country: State: State: State: State: State: State: State: State:	ZIP: Other	er er er	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	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 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, 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
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: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country: State: State: State: State: State: State: State: State:	ZIP:Other	er er er	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	Vype 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 Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Inst	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, Under 5, Under 5, Under 5, Under 5 years Under 5 years

FLIGHT ITINERARY I	NFORMATION	N						
Last Departure Point		e of Departure	Destination	on		Type Flight	t Plan Fil	ed
Airport ID:						None		VFR/IFR
	Time	2:				Company		IFR
City:		e Zone:				Military V	/FR	Unknown
State:		Zone				VFR	V	N. II.I
Country:			Country:			Activated?	Yes	No Unknown
Type of ATC Clearance/Serv								
	Special VFR IFR		ecial IFR R On Top		VFR Flight Folk Traffic Advisory		Cruise Unkno	wn / NA
Airspace where the accident	/incident occurred	(Check all that	apply)				Altitud	e of In-Flight
•	Class G		itary Operations	Area (MOA)	Special		Occurre	· ·
	Demo Area		port Advisory A	rea	Air Traffic Contr	rol Area	Occurr	
	Warning Area Prohibited Area	Jet TRS	Training Area		Unknown			ft msl
	Restricted Area	FAI						
WEATHER INFORMA	TION AT THE	ACCIDENT	T/INCIDEN	IT SITE				
Source of Pilot Weather Info		. ACCIDEN	IMIODEN	ı	ervation Facility	.		
(Check all that apply)	A mation				•			
National Weather Service	Com	pany						
Flight Service Station	Milit	•			ne:			
TV/Radio Automated Report	Inter None							
Commercial Weather Service (nown			ccident Site:			
On-Board Weather	`			Direction from A	Accident Site:		_ degrees ti	rue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark l	. 0	ıknown		
IMC		Day	Night	Brigh	t Night			
Unknown		G '''						
Sky/Lowest Cloud Condition		Ceiling		Obd	Temperature:	((C) or	(F)
Clear Few	Thin Broken Thin Overcast	None (Clear) Broken		Obscured Indefinite	Dew Point: _	(C)) or	(F)
Partial Obscuration	Unknown	Overcast		Unknown				
Scattered					Altimeter Sett	or	in. H§ MB	3
Lowest Cloud Condition He		Ceiling Heigh	t			01	NID	
	_ ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts	S	Visibility		miles	
Variable	Calm		Not Gustir	ng	DVD	:		
	Light and Varia	able						
-or-	-or-		-or-	_		:	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitu			ft
Intensity of Precipitation	Type of Precipita	ation (Check all t	hat apply)		Restriction to	Visibility (Cl	heck all tha	t apply)
Light	None	Drizzle	Freezin	C	None		og	
Moderate Heavy	Rain Snow	Ice Pellets Snow Pellet	Snow S	shower ets Shower	Blowing Du Blowing Sa		iround Fog laze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals			Blowing Sp Dust	•	moke Inknown	
T					1	- 0	IIKIIOWII	
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check a	Il that apply)	Seve	rits
None N/A		None	N/A		None None	ii inai appiy)		ght
Trace Rime	ļ	Trace	Rime	•	Clear Air	_		oderate
Light Clear	ļ	Light	Clear		Terrain-Indu Convective			evere
Moderate Mixed Severe Unknow	'n	Moderate Severe	Mixe Unkr		Convective	Turbulence	E2	ktreme
Unknown	ıı ,	Unknown						
NOTAMs (D and FDC), A	IDMETS SICK	TET _e DIDED.	in offect of	the time of th	accident/inci-	dant		
MOTANIS (D'and FDC), A	anyir is, sigly	11218, FIKEPS	s in effect at	the time of the	e accident/incl	uciit:		

DAMAGETO	AIDCDAFT	ND OTHER REAL	DEDTV		
		ND OTHER PROF	CKIY	Aironaft E	
Aircraft Damage None	e Substantial	Aircraft Fire None	Both Ground and In-Flight	Aircraft Explosion None	Roth Ground and In Elicht
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Both Ground and In-Flight Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown
Description of D	amage to Aircraft a	and Other Property (Us	se additional sheet if necessary)	l	
•	Ü		•		
		GHT (Please type or p		0 11 11 11	
Describe what o	occurred in chronology	ogical order, including (circumstances leading to and natifineeded. State departure time an	ure of accident/incident	t. Describe terrain and include
destination. Prov	ride as much detail a	s possible.	ii needed. State departure time an	u and iocation, services	obtained, and intended
		F			

RECOMMENDATION (How	could this accident/incident have been pre	vented?)	
Operator/Owner Safety Recomm	·	volucu.)	
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, many) FUEL & SERVICES INF Fuel on Board at Last Takeoff (Convert from pounds, as necessary) Other Services, if Any, Prior to	ORMATION Fuel Type 80/87 Gallons 100/130 Serial no., and describe the failu		Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours
EVACUATION OF AIRC	RAFT		
		N.	
Was an emergency evacuation Method of Exit – Describe how	of the aircraft performed? Yes the occupants exited and how many occupant	No s evacuated each location	
OTHER AIRCRAFT - C	OLLISION (If air or ground collision occ	curred, complete this section for other air	rcraft)
Aircraft Registration Number	Manufacturer:		Damage to Other Aircraft Destroyed Minor Substantial None
Registered Owner of Other Air	craft	Pilot of Other Aircraft	
City:ZIP:ZIP:		Name:	
Country:		Country:	

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator:		
	Signature	:		
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	an Pilot/Op	erator is Filing Report		
			Title:	
		electronically sign this document		
		FOR NTSB	LISE ONLY	
NTSB Accident/Incident	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
				•