

AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

FROM (<i>Office of origin</i>): ZNY	TO: AEA ROC	DATE (UTC): 03/05/2023	TIME (UTC): 1959
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CODE (First words of text) **AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 1**

A	1. INFORMATION FROM: FRG Tower and N90
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B	1. REGISTRATION NO: N8149R	2. MAKE AND MODEL: PA28	3. OPERATOR OF AIRCRAFT:
	4. TYPE OF ACTIVITY (<i>Air taxi, instruction, pleasure, aerial appl., business, executive, sightseeing, etc.</i>) IF KNOWN: VFR Pattern Work		
	5. BRIEF DESCRIPTION OF CIRCUMSTANCES SURROUNDING OCCURRENCE: Pilot was in communication with FRG tower doing pattern work. Pilot reported smoke in the cockpit and broadcast a MAYDAY call. FRG Tower lost visual and communication with N8149R at 1459. Tower reported to ZNY that the aircraft crashed 1 mile east of the FRG airport. Fire rescue was dispatched and the fire was put out. Extent of damage unknown. N90 reported to ZNY Two people injured possible a third.		
	6. WEATHER DATA: VFR		
	7. AIRCRAFT DAMAGE: A <input type="checkbox"/> DESTROYED B <input type="checkbox"/> SUBSTANTIAL C <input type="checkbox"/> MINOR D <input type="checkbox"/> FIRE E <input type="checkbox"/> NONE F <input type="checkbox"/> UNKNOWN		

C OCCUPANTS INDICATE INJURIES: FATAL, SERIOUS, MINOR, NONE

C	1. NAME AND ADDRESS OF PILOT/INJURY: UKN	2. NAMES OF CREW/INJURIES:	3. NO. OF PASSENGERS/INJURIES:
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D	1. LOCATION OF OCCURRENCE (<i>Nearest city, town, and state</i>) (<i>Give route if overdue or missing</i>): Farmingdale Airport (KFRG) 1 mile east.
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E	1. UTC DATE AND UTC TIME OF OCCURRENCE: 03/05/2023 1459L 1959Z
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F	1. INFORMATION ON COVERAGE OF OCCURRENCE BY FAA, NTSB, OTHER:
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G	FAA AIR TRAFFIC SERVICES SUMMARY OF FLIGHT HANDLING		
	1A. LAST DEPARTURE POINT:	1B. UTC DATE AND UTC TIME:	1C. INTENDED DESTINATION:
	2. LAST RADIO CONTACT/POSITION AND/OR RADAR POSITION:		
	3. LAST ATC CONTROL CLEARANCE:		
	4. FLIGHT PLAN: A <input type="checkbox"/> IFR B <input checked="" type="checkbox"/> VFR C <input type="checkbox"/> NONE D <input type="checkbox"/> UNKNOWN		
	5. PILOT BRIEFING: A <input type="checkbox"/> YES B <input type="checkbox"/> NO C <input type="checkbox"/> UNKNOWN		
	6. OTHER:		

RECEIVED AT:	DELIVERED TO:	TIME:
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RECEIVED VIA: A <input type="checkbox"/> IN PERSON B <input type="checkbox"/> RADIO C <input checked="" type="checkbox"/> TELEPHONE	RECEIVED BY (<i>Signature and Title</i>):
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NOTE: Part 2

A ON OTHER SIDE B ON SEPARATE FORM C NOT REQUIRED

