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.

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.

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.

DateDime: 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.

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 Identifi^: 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.ntsb.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

BASI	CINFORM	ATION											
Accider	nt/Incident Lo	cation					Ac	cident/Incid	lent Date/	Гіте			
Nearest (City/Place:				_ State: _		Dat	te:		Lo	cal Time: _		
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Latitude:			Longitude:							111	me Zone: _		
(Enter in decimal degrees or degrees:minutes:seconds)						Co	llision with	Other Air	craft:	Midair	On-groun	d None	
AIRC	RAFT INFO	RMATIO	N										
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Amatet	ı r-Built: Ye No		Kit/Plans Mal Original Design	ke				bin Crew Seat umber of En			Passenger	r Seats:	
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Ballo	on	Standar	d Special					ractable			o Shaft		Rocket
Blimp Glide	Dirigible	Norma Aerob				Tricycle		T	ailwheel	Turbo Prop Turbo Jet		Hybr None	id Rocket
Gyroj		Balloo				Amphibia	n	Н	igh Skid		o Jet o Fan	Unkn	
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Eng. 2 Eng. 3							_						
Eng. 4							1						
Last In	spection Type		1	Propelle	er 1	Fixed P			Prop	eller 2		Fixed Pitch	I
100-H		tinuous Airwo	arthinaga	_		Control						Controllable	
AAIP		iditional Inspec		Manufac	Ground Adjustable Ground Adjustable Manufacturer: Manufacturer:								
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Type of Maintenance Program (Select one) TSO No.: C91 (121.5 MHz) C126 (406 MHz)						C9.	1a (121.5 MH	Dat	a Recorde		Handheld De	vice	
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Spec						Fire Damag	ge		Oth	er, Specify	<i>/</i> :		
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	DRMATI	ION			
Registered Aircraft Owner				City:	
Name:				State:	ZIP:
	Yes No				ZII
•	ie As Registe			Same Address as Registered	
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	
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"FLIGHT CREWMEI	MBER 1" INFOR	<u>MATION</u>	1							
"Flight Crewmember 1" R	-									
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor C	Check Pilot	Fligh	nt Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		s No								
"Flight Crewmember 1" I										
First Name:				(City of Re	esidence:				
Middle Initial:				S	state:			ZIP: _		
Last Name:				_ (Country:					
Age at time of	of Accident/Incident: _		Date of Bir	th:		m	m/dd/yyyy			
		Cert	ificate Numb	er:						
Degree of Injury	Seat Occupied			Res	traint Ty	pe			Inflatable F	Restraints
None Fatal	Left	Front	Unknown	1	Available	e	Used			
Minor Unknown Serious	Right Center	Rear Single			None		None		Not Ins	
Pilot Certificate(s) (Check	all that apply)				Lap of 3-poir		Lap only 3-point	y	Installe Not De	
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Private Recre	eational Airlin	e Transport			5-poir Unkn		5-point Unknov	vn	Unknov	vn
Student Sport	Flight	Engineer			Omen	0 111				
Principal Occupation	Medical Certificate			Med	dical Cer	tificate Va	lidity		Date of Las	st Medical
Pilot	None Clas	s 3		V	Vithout lin	nitations/wai	vers U	nknown		
Other			e (Sport Pilot o	111)		tions/waivers	s N	//A	mm/dd/y	
Unknown Medical Certificate Limita		nown		3	special Issu	iance			mm aay)	· <i>yy</i>
Medical Certificate Limita	itions									
Medical Certificate Specia	l Issuance									
Date of Last Flight Review	Y	Flight R	Review Aircra	aft						
or Equivalent, Including		_								
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft Ra	_		nt Rating(s))	Instructo	r Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all t		,	(Check all				
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		ic	Glider	
Multiengine Sea	Gyroplane					Powere	d Lift		Sport	
	Helicopter Powered Lift									
Type Ratings						Student E	Endorsemen	nts (Include	dates)	
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Flight Time (Enter appropria		Make	Airplane Single	Airplane		Inst	rument 			Lighter
number of hours in each box)	Aircraft & I	Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time						-	-			
Pilot in Command (PIC)					1		-			
Time as Instructor										
This Make/Model						+	1			
Last 90 Days Last 30 Days					1					
Last 24 Hours										
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"FLIGHT CREWMEM	BER 2" INFOR	<u>MATIOI</u>	N							
"Flight Crewmember 2" Re	sponsibilities at the ' Student Pilot	Time of A Flight Inst		ident Check Pilot	Eliz	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" wa		es N		Check I not	1.115	giit Eligineei	Other	riigiit Cicw		
"Flight Crewmember 2" Ide										
_				C:	trace D	aidanaa.				
First Name:						esidence:		ID.		
Middle Initial:				Sta	ate:		Z.	IP:		
Last Name:					ountry:					
Age at time of A	Accident/Incident:					mm	/dd/yyyy			
		Certi	ficate Numb					1		
Degree of Injury	Seat Occupied	Г ,	77.1		traint T	Гуре		I	nflatable R	estraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknow	/n	Availab Non Lap	e	Used None Lap only	7	Not Inst	
Pilot Certificate(s) (Check all	that apply)				3-po		3-point		Not Dep	loyed
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Private Recreat Student Sport		e Transport Engineer	Foreign	ı	5-po Unk	nown	Unknow	'n	Ulikilow	11
Student Sport	1 IIgii	Engineer								
Principal Occupation N	Medical Certificate			Med	lical Ce	ertificate Va	lidity]	Date of Las	t Medical
Pilot	None Clas					imitations/waiv		nknown		
Other Unknown		ver's Licens nown	e (Sport Pilot		/ith limit pecial Is:	tations/waivers suance	s N	/A	mm/dd/yy	yy
Medical Certificate Limitati	Class 2				F					-
Wicarcai Certificate Emitati	ons									
Medical Certificate Special	Issuance									
Trouver continues opening										
Date of Last Flight Review		Flight F	Review Airc	raft						
or Equivalent, Including										
FAR 121/135 Checks:	/11/									
	mm/dd/yyyy	Model: _		. 5						
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)			ent Rating(s) that apply)		Instructor (Check all th				
None	None		None	11 27		None	11 27		Instrument A	irplane
Single-Engine Land	Airship		Airplaı	ne		Airplane	Single-Engin	e	Instrument H	
Single-Engine Sea Multiengine Land	Balloon Glider		Helico Powere			Airplane Gyroplan	Multi-Engine		Helicopter Glider	
Multiengine Sea	Gyroplane		Tower	od Liit		Powered			Sport	
	Helicopter Powered Lift									
Type Ratings	roweled Liit					Student Er	ıdorsement	s (Include de	ates)	
Type Ratings						Student Li	idoi sement	.s (memae ac	iicsj	
					1					r
Flight Time (Enter appropriat	e All Thi	s Make	Airplane Single	Airplane		Inst	rument			Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days Last 24 Hours									1	
Lust 27 110013					1		1	Ì	1	Ì

ADDITIONAL FLIGH	CITETAINE	LINO (EXCIUSIV	e of cabin cre	cw, complete	tne followin	<u>g imormation)</u>			
Crew Name and Address	3						Seat Occupie	d	Injury	
First Name:		_ City	of Resider	nce:			Left	Front	None	
Middle Initial:		State	e:	2	ZIP:		Center Right	Rear Single	Minor Serious	
Last Name:		Country:					Right	Unknown	Fatal	
									Unknown	
Pilot Certificate(s) (Check	k all that apply)						Restraint Typ		Inflatable	
None	Flight Instructor	Con	nmercial	US	Military		Available None	Used None	Restraints	
Private	Recreational		ine Transp		eign		Lap Only	Lap Only	Not Installed Installed	
Student	Sport	Filg	ht Enginee	er ————————————————————————————————————			3-point 4-point	3-point 4-point	Not Deployed	
Type Rating/Endorseme	nt for		Total Fl	light Time at	the Time		5-point	5-point	Deployed Unknown	
Accident/Incident Aircra	aft? Yes	No	of this A	Accident/Inci	dent:	hrs	Unknown	Unknown	Chkhown	
Crew Name and Address	3						Seat Occupie		Injury	
First Name:				nce:			Left Center	Front Rear	None Minor	
Middle Initial:		State	e:	2	ZIP:		Right	Single	Serious	
Last Name:		_ Cour	ntry:					Unknown	Fatal	
							D : 1 : 1		Unknown	
Pilot Certificate(s) (Check	k all that apply)						Restraint Typ Available	pe: Used	Inflatable Restraints	
None Private	Flight Instructor Recreational		nmercial ine Transp		Military eign		None	None	Not Installed	
Student	Sport		ht Enginee		cigii		Lap Only 3-point	Lap Only 3-point	Installed	
T D d /F 1							4-point	4-point	Not Deployed	
Type Rating/Endorseme Accident/Incident Aircra		N.		light Time at Accident/Inci		hwa	5-point Unknown	5-point Unknown	Deployed Unknown	
PASSENGER(S) / OT								Ulkilowii		
171002110211(0)701	THERE ENGLE		iliciuue c	abin crew; co	ontinue on s	eparate snee	t ii iiecessary)	Inflatable		
Name and Address			include c	Seat	Injury	Restraint T	ype	Inflatable Restraints	Age	
, ,			include c	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	City : Z	IP:		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 Country:	IP:		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	IP:		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: State: Z Country: Passenger	IP:		Seat Left Center Right Unknown	None Minor Serious Fatal	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	Under 5 years If Under 5, Child Restraint Lap-Held	
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City: State: Z Country: Passenger City:	IP:		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	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	Oth	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 None Lap Only 3-point	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 : Z State: Z Country: Passenger City : State: Z	Oth	her	Left Center Right Unknown Row:	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 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 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	Oth	her	Left Center Right Unknown Row:	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 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: State: Z Country: Passenger City: State: Z Country: Passenger	Ott	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 Unknown	
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Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Crew First Name: Crew First Name:	City: Z State: Z Country: Passenger City: Z Country: Passenger City: Z Country: Z Country: Z State: Z	Oth	her her	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 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 Deployed Unknown Not Installed 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	
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Name and Address First Name:	City : Z State: Z Country: Passenger City : Z Country: Passenger City : State: Z Country: Passenger City : Z Country: Z	Oth Oth Oth	her 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 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	
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: Z	Oth IP: Oth IP:	her 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 Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not Deployed 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 If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Under 5, Under 5, Under 5 years Under 5 years	
Name and Address First Name:	City : Z Country: Passenger City : Z _ Country: Z _ Country: Passenger City : Z _ Country: Z _ Z _ Z _ Z _ Z _ Z _ Z _ Z _ Z _	Oth IP: Oth IP:	her her	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown 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	Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Not Deployed 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 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: Z	Oth IP: Oth IP:	her 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 Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not Deployed 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 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	t Plan Fil	ed
Airport ID:		-	Airport ID:			None		VFR/IFR
City:	Time	:				Company		IFR
		Zone:				Military V VFR	/FR	Unknown
State:		2010				Activated?	Yes	No Unknown
Country:	•		Country:			Activateu.	103	140 CHKHOWH
Type of ATC Clearance/Serv			-:-1 TED		VED Eli-la E-II		Ci	
None VFR	Special VFR IFR	VF	ecial IFR R On Top		VFR Flight Follo Traffic Advisory	-	Cruise Unkno	wn / NA
Airspace where the accident							Altitude	e of In-Flight
	Class G Demo Area		itary Operations port Advisory A	` /	Special Air Traffic Conti	rol Area	Occurr	ence:
	Warning Area		Training Area	ica	Unknown	ioi z iiea		ft msl
	Prohibited Area	TRS						
	Restricted Area		R 93					
WEATHER INFORMA		ACCIDEN	T/INCIDEN			•		
Source of Pilot Weather Info (Check all that apply)	ormation				ervation Facility			
National Weather Service	Com	nany						
Flight Service Station	Milit	1 2		Observation Tim	ne:			
TV/Radio	Inter			Time Zone:				
Automated Report Commercial Weather Service	None (DUATS) Unkr			Distance from A	ccident Site:		_ nm	
On-Board Weather	(DOMIS) CIIKI	lowii		Direction from A	Accident Site:		_degrees ti	rue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark 1	Night Un	known		
IMC Unknown		Day	Night	Bright	t Night			
Sky/Lowest Cloud Condition		Ceiling			Temperature:		C) or	(F)
Clear	Thin Broken	None (Clear))	Obscured				
Few	Thin Overcast	Broken		Indefinite	Dew Point: _	(C)	or	(F)
Partial Obscuration Scattered	Unknown	Overcast		Unknown	Altimeter Sett	ing:	in. H	g
Lowest Cloud Condition He	ight.	 Ceiling Heigh	.+			or		
				ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles	
Variable	Calm		Not Gustin	ng	RVR	:	feet	
	Light and Varia	ıble				:		
-0r-	-or-	kts	-or-	1sta				0
Direction:degrees true	Speed:		Speed:	kts	Density Altitud			ft
Intensity of Precipitation	Type of Precipita				Restriction to	-		it apply)
Light Moderate	None Rain	Drizzle Ice Pellets	Freezing Snow S		None Blowing Du		og round Fog	
Heavy	Snow	Snow Pellet		ets Shower	Blowing Sa		aze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals	1		Blowing Sp Dust		moke 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			ight Ioderate
Light Clear		Light	Clear		Terrain-Indu	iced		evere
Moderate Mixed		Moderate	Mixe		Convective '	Turbulence	Ez	xtreme
Severe Unknow Unknown	n	Severe Unknown	Unkn	nown				
NOTAMs (D and FDC), A	ARMETs, SIGN	IETs, PIREPS	s in effect at	the time of the	e accident/inci	dent:		

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 natification if needed. 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 INFORMATION (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		
				•		