

National Transportation Safety Board

FACTUAL REPORT
AVIATION

1 NTSB Accident/Incident Number

FTW 87 FA 088

2

1 Accident
2 Incident

3 Investigation

1 NTSB
2 FAA Delegated

4 Aircraft Registration Number

N819LV

5 Flight Number

A Other 06

For collision between
aircraft, enter reg. no.
and flt. no. for other aircraft

6 Aircraft Registration Number

7 Flight Number

A Other 06

8 Nearest City/Place

MARLIN

9 State

TX

10 Zip Code (First 5 numbers only)

76661

11 Accident Site Elevation

410 Feet MSL

12 Date of Accident (Nos. for M, D, Y)

3/30/87

13 Day of Week (First 2 letters)

MO

14 Local Time (24 hour clock)

1257

15 Time Zone

CST

16 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident

HISTORY OF FLIGHT

On March 30, 1987, at 1257 Central Standard Time, a Piper PA-28-181, N8191V was destroyed when it collided with the ground following an in-flight wing separation while in low level cruise flight near Marlin, Texas. The airplane, owned and operated by the Griffin Pipeline Patrol Company and flown by a commercial pilot, had departed Borger, Texas, at 0845 CST, on a pipeline patrol flight to Conroe, Texas, with a planned refueling stop in Cleburne, Texas. The operation required that the pilot fly down the 570 mile pipeline at low altitude and observe abnormalities or incursions into the right of way. There was no flight plan filed and VMC conditions prevailed throughout the area. The pilot, the sole occupant, received fatal injuries and there was no fire.

The flight had departed Borger, Texas, at about 0845 CST. A flight log found in the wreckage indicated that by 0857, it had progressed to mile post 30 and from there to Skellytown at 0908, Wichita Falls at 1033, Fort Worth at 1113. At approximately 1145 CDT, the airplane landed at the municipal airport in Cleburne for a scheduled lunch and refueling stop. During the layover at Cleburne, the pilot commented to the airport operator that it was "rough out there today". At about 1230 CDT, the airplane departed Cleburne to continue the patrol that would have ultimately terminated in Conroe, Texas.

At about 1257 CDT, witnesses observed the airplane crossing State Highway 147, about 3 miles north of Marlin, Texas, at low altitude and high speed, flying down

Additional Persons Participating in this Accident/Incident Investigation (Name, address, affiliation. Continue on page 2 if necessary)

MR. DAVY CROCKER
FAA-SW-FSDO-63
DALLAS, TX

Investigated By:

17 Date (Nos. for M, D, Y)

10/31/88

18 Agency

NTSB FTW

19 Name/Signature

Warren V. Wandel

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FITW87FA088

6 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident (continued)

the pipeline right-of-way in a southerly direction. About 1 mile south of the highway, a witness observed a wing separate from the airplane and it nosed over and descended below a tree line. The airplane impacted in an open field on a westerly heading in a right wing low, nose low attitude. The separated left wing was located 588 feet north northwest of the main impact crater.

INJURIES TO PERSONS

The pilot, the sole occupant, received fatal injuries.

DAMAGE TO AIRCRAFT

The aircraft was destroyed as a result of the wing separation and impact forces.

WITNESSES

Two witnesses were identified during the investigation and statements were obtained from both. One observed the airplane cross the highway, flying south bound at low altitude and high speed. The witness observed the airplane for 2 to 3 seconds and did not observe the wing separation. The second witness also observed the airplane cross the road at high speed at an altitude that he estimated at between 200 and 400 feet AGL. That witness continued to observe the airplane and saw the wing separate and the airplane disappear below a distant tree line. The witness then turned onto a county road that ran parallel to the pipeline right-of-way and discovered the wreckage in the field. He subsequently called his office over a company radio and had the sheriff's office notified.

CREW INFORMATION

The pilot was properly certificated for the operation that was being conducted at the time of the accident. Mr. Carr held a commercial pilot's certificate with airplane, single engine land privileges and no instrument rating. He had been issued a Class II medical certificate on 5-30-86 with a limitation that he wear glasses for near and distant vision. A pair of prescription bifocal glasses were found in the wreckage. In addition, Mr. Carr held an airframe and powerplant mechanic's license. Records indicated that he had complied with the biennial flight review requirement on 12-10-86. It was also noted that he had received an FAA license suspension for 30 days that was ordered on 1-16-87, however, he had continued to fly during the suspension period.

A review of Mr. Carr's personal log books indicated that he had accumulated a total of 9,144 hours flight time, all single engine land, and that he had about 2,500 hours in the accident make and model of aircraft. He had flown 352 hours in the 90 days preceding the accident and 127 hours during the 30 days before the accident, all in the accident make and model. And during the 24 hours prior to the accident, he had flown 8 hours, all of which were in the accident make and model.

Attach additional pages as necessary (Page 2a, 2b, 2c, etc.)

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FITW1817FA01818

6 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident (continued)

AIRCRAFT INFORMATION

The airplane, a Piper PA-28-181, serial number 28-8090115, was properly certificated on 3-5-80 in the Normal and Utility categories. It was originally delivered to the Griffin Pipeline Patrol Company and had spent its entire history being operated on low level, terrain following pipeline patrol. At the time of the accident, it had accumulated a total of 7,489.56 flight hours. An audit of the airplane's maintenance records indicated that it had received annual and 100 hour inspections on 4-15-86 at a total time of 7,015.08 hours, about 474.48 hours prior to the accident. No discrepancies were noted in the records which would have affected the airworthiness of the airplane. It was noted however, that there was no mention of wing skin cracks that had developed and been stop drilled on the left wing upper skin surface. There was no evidence found during the investigation that indicated that the airplane had ever experienced a flight or ground mishap or been subjected to a hard landing.

METEOROLOGICAL INFORMATION

The closest weather observation facility to the accident site was Waco, Texas, which was 15 nautical miles north northwest. Waco reported the weather at 1330 CST, as being clear, 15 miles visibility, temperature 47 degrees, dew point 16 degrees, winds from 300 degrees at 20 knots with peak gusts to 27 knots and an altimeter setting of 30.26" Hg.

COMMUNICATIONS

The pilot was not in communication with any air traffic control facilities at the time of the accident. However, shortly before the accident, he did contact an employee of the Diamond Shamrock Corporation via company frequency. The Diamond Shamrock employee was interviewed and stated that the communication was a routine report regarding a right of way incursion and that the pilot commented that it was turbulent due to the gusty wind conditions.

WRECKAGE

The airplane impacted in an open field on a heading of about 270 degrees, in a right wing low, nose low attitude. After principal impact, the main wreckage bounced and came to rest 60 feet southeast of the impact crater. The separated left wing was located 588 feet to the north northwest of the main impact point and about 300 feet southwest of the pipeline's 453 mile post. At the point where the accident occurred, the pipeline ran about 155 degrees magnetic. The point where the pipeline crossed State Highway 147 was mile post 452, one mile north of the location of the separated left wing. With the exception of the left wing and the propeller, which had separated on impact, the airplane remained intact during the impact sequence. The cockpit/cabin area was destroyed during impact and the pilot, with his seat, was thrown clear of the wreckage.

Attach additional pages as necessary (Page 2a, 2b, 2c, etc.)

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

16 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident (continued)

The separated left wing had impacted in an open field wing root first, bounced, and came to rest against a barbed wire fence. Examination of the wing revealed that it was intact on impact except for the left flap. The outer 1/3rd of the flap was located about 30 feet southeast of the wing and the inboard section remained attached to the fuselage and was found with the main wreckage. All of the remaining flight control surfaces remained attached in their respective positions. Control continuity was established from all of the control surfaces up through the center section of the airplane with one exception. The left aileron control cables remained attached to the fuselage, but had ripped out of the left wing along with the aileron bell crank.

Inspection of the left wing separation fractures revealed an area that appeared to be a progressive type failure in the lower spar cap. Field examination of the fracture indicated a point of origin near the outer most fuselage center section attachment bolt hole. In addition to the abnormal appearance of the lower spar cap fracture, it was noted that there were a series of three preexisting cracks in the left wing upper skin surfaces. These cracks were located about 8 inches outboard of the first rib and radiated in a semicircular fashion. One of the cracks had been stop drilled. And a similar crack, also stop drilled, was noted on the left wing upper skin in the area of the wing to fuselage gap strip, forward of the main spar. That crack appeared to have been progressing forward and was stop drilled at the aft terminus only. The right wing main spar had separated on impact. Examination of it's fracture surfaces indicated an overstress type failure.

FIRE

No evidence of either inflight or post-crash fire was found during the investigation.

MEDICAL AND PATHOLOGICAL INFORMATION

An autopsy and toxicology studies were ordered and performed on the pilot. There were no significant findings.

SURVIVAL ASPECTS

This accident was not survivable in that the impact forces encountered exceeded the human tolerance limits.

TESTS AND RESEARCH

Examination of Sister Ship: During the investigation, it was determined that the Griffin Pipeline Patrol Company owned a second PA-28-181. The airplane, N31648, serial number 28-7890473, was delivered to the operator in 1978 and like the accident airplane, had spent it's entire history on pipeline patrol. As part of the accident investigation, the sister ship was examined for similar type signatures that were found during the field investigation of N8191V. At the time

Attach additional pages as necessary (Page 2a, 2b, 2c, etc.)

8A

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FITW|87|FA|Ø|88

16 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident (continued)

it was examined, N31648 had accumulated a total of 7,878 hours of flight time. Both wings were pulled and examined. The left wing upper skin exhibited a crack similar to the one found on N8191V, in the area of the wing root, forward of the main spar. In addition, evidence of radial skin cracking was also found on the left wing and what appeared as a visible crack was found on the left wing lower spar cap in the same vicinity as the origin of the fatigue crack in the spar of N8191V. Close examination of the abnormal area indicated a crack visually, however, it did not appear during a dye penetrant check or the application of other non-destructive testing techniques. The spot was blended out after removal of .001 of an inch of the spar surface. It was the opinion of Piper Aircraft Corporation's metallurgist that the blemish was a fold that had been developing in the metal. No explanation for why a fold would develop was given with the report.

NTSB Materials Laboratory Examination: Sections of the left wing spar assembly, wing skin pieces, and right wing spar were removed during the investigation and forwarded to the Board's Materials Lab for metallurgical examination and study. The examinations revealed that the right main spar had fractured as a result of overstress loads associated with impact. The left lower spar cap was found to have failed in fatigue, while the upper spar cap was found to have failed in overstress; a result of the initial failure of the lower spar cap. The fatigue was determined to have originated near one of the outboard fuselage carry through attachment bolt holes, but outside of the bolt hole itself. The lab determined that the spar material appeared to be typical of the specified material and manufacture, a 2024-T3511 extrusion. Microstructure, hardness, conductivity and chemistry were all within acceptable limits for that material.

Research conducted by the lab revealed a study conducted by NASA (NASA Technical Memorandum 84660) on the relative loads experienced by general aviation aircraft during different mission applications. It was determined by the study that aircraft operating in survey type mission profiles, such as pipeline patrol, encountered flight loads in the 0.4 to 0.5 G range 16 times more frequently than a similar aircraft being operated in an instructional mission environment. In addition, the study found that in the range of between 0.4 to 1.0 G's, the pipeline aircraft averaged load events per hour (in the cited range) at a rate 30 times higher than the instructional aircraft.

Piper Aircraft Corporation Structural Evaluation: Following the NTSB investigation, the Piper Aircraft Corporation purchased the wreckage of N8191V and the sister ship (N31648) from the Griffin Pipeline Patrol Company. The airplanes were moved to Piper's Vero Beach facilities where they underwent additional testing and evaluation. A copy of the report that resulted from the testing is included as an attachment to this report.

Corrective Action: As a result of the investigation findings, the NTSB issued Safety Recommendations A-87-40 through A-87-42 to the FAA on 4-10-87. The FAA responded with AD-87-08-08, which was issued on 4-21-87, and called for a visual

Attach additional pages as necessary (Page 2a, 2b, 2c, etc.)

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FITW18171FA101818

16 Narrative Statement of Facts, Conditions and Circumstances Pertinent to the Accident/Incident (continued)

inspection of high time Piper PA-28 and PA-32 aircraft lower wing spar caps. The airworthiness directive was subsequently suspended after a total of 454 airplanes had been inspected with only 3 positive results reported.

ADDITIONAL DATA

ELT: The airplane was equipped with a NARCO ELT-10 beacon, serial number 79158, that had a battery expiration date of 3-31-87. Examination of the unit in the field revealed that it had not activated due to the remote switch being in the "OFF" position. Also, the unit would not activate during a functional test in the field. The reason for the unit's failure was not determined.

Wreckage Release: The wreckage was released to the Piper Aircraft Corporation, with the owner's permission on 4-20-87. The retained parts were subsequently returned to Piper on 12-9-87.

Attach additional pages as necessary (Page 2a, 2b, 2c, etc.)

**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

F T W 8 7 F A 0 8 8

Airport/Approach/Landing Information 24 Not applicable (Go to block 39)

26 Airport Identifier <u>MARLIN MUNI</u> A Other	27 Accident Location 1 <input checked="" type="checkbox"/> Off airport/airstrip 2 <input type="checkbox"/> On airport 3 <input type="checkbox"/> On airstrip A Other	28 Distance From Airport Center (Nearest SM) <u>1</u> SM A Other <u>12</u>	29 Direction From Airport <u>315</u> °mag A Other <u>12</u>
---	---	---	--

VFR Approach/Landing (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Traffic pattern 3 <input type="checkbox"/> Straight-in 4 <input type="checkbox"/> Valley/terrain following 5 <input type="checkbox"/> Go around 6 <input type="checkbox"/> Touch and go 7 <input type="checkbox"/> Full stop 8 <input type="checkbox"/> Stop and go 9 <input type="checkbox"/> Simulated forced landing 10 <input type="checkbox"/> Forced landing 11 <input type="checkbox"/> Precautionary landing A Other	31 Type Instrument Approach Flown (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> ADF/NDB 3 <input type="checkbox"/> SDF 4 <input type="checkbox"/> VOR/TVOR 5 <input type="checkbox"/> VOR/DME 6 <input type="checkbox"/> TACAN 7 <input type="checkbox"/> ILS-complete 8 <input type="checkbox"/> ILS-localizer 9 <input type="checkbox"/> ILS-backcourse 10 <input type="checkbox"/> RNAV 11 <input type="checkbox"/> MLS 12 <input type="checkbox"/> LDA 13 <input type="checkbox"/> ASR 14 <input type="checkbox"/> PAR 15 <input type="checkbox"/> Sidestep 16 <input type="checkbox"/> Visual 17 <input type="checkbox"/> Contact 18 <input type="checkbox"/> Circling 19 <input type="checkbox"/> Practice A Other	32 Runway Used Identifier _____ A Other
		33 Runway Length _____ Feet A Other
		34 Runway Width _____ Feet A Other
		35 Airport Elevation _____ Ft. MSL A Other

36 Runway/Landing Surface 1 <input type="checkbox"/> Macadam 2 <input type="checkbox"/> Asphalt 3 <input type="checkbox"/> Concrete 4 <input type="checkbox"/> Gravel 5 <input checked="" type="checkbox"/> Dirt 6 <input type="checkbox"/> Grass/turf 7 <input type="checkbox"/> Snow 8 <input type="checkbox"/> Ice 9 <input type="checkbox"/> Water 10 <input type="checkbox"/> Metal/wood A Other	37 Runway/Landing Surface Condition 1 <input checked="" type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Ice covered 4 <input type="checkbox"/> Snow—dry 5 <input type="checkbox"/> Snow—wet 6 <input type="checkbox"/> Snow—crusted 7 <input type="checkbox"/> Snow—compacted 8 <input type="checkbox"/> Vegetation 9 <input type="checkbox"/> Water—calm 10 <input type="checkbox"/> Water—choppy 11 <input type="checkbox"/> Water—glassy 12 <input type="checkbox"/> Rubber deposits 13 <input type="checkbox"/> Soft 14 <input type="checkbox"/> Rough 15 <input type="checkbox"/> Slush covered 16 <input type="checkbox"/> Holes A Other
---	--

If accident occurred during approach, departure or on airport, see instructions for completing Supplement Q.

Aircraft Information	40 Aircraft Model/Series <u>PA-28-181</u>	41 Serial No. <u>28-8090115</u> A Other	42 Certificated Maximum Gross Weight <u>2,550</u> A Other
-----------------------------	---	--	--

3 Type of Aircraft 1 <input checked="" type="checkbox"/> Airplane 2 <input type="checkbox"/> Helicopter 3 <input type="checkbox"/> Glider 4 <input type="checkbox"/> Balloon 5 <input type="checkbox"/> Blimp/dirigible 6 <input type="checkbox"/> Ultralight 7 <input type="checkbox"/> Gyroplane A Specify _____	44 Type Airworthiness Certificate (Multiple entry) Standard 1 <input checked="" type="checkbox"/> Normal 2 <input checked="" type="checkbox"/> Utility 3 <input type="checkbox"/> Acrobatic 4 <input type="checkbox"/> Transport Special 5 <input type="checkbox"/> Restricted 6 <input type="checkbox"/> Limited 7 <input type="checkbox"/> Provisional 8 <input type="checkbox"/> Special flight 9 <input type="checkbox"/> Experimental A Other	45 Home Built 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other
---	---	---

National Transportation Safety Board
**FACTUAL REPORT
 AVIATION**

NTSB Accident/Incident Number

FITW87FA088

Aircraft Information (continued)

6 Landing Gear (Multiple entry)

1 <input checked="" type="checkbox"/> Tricycle—fixed	4 <input type="checkbox"/> Tailwheel—all retractable	7 <input type="checkbox"/> Hull	10 <input type="checkbox"/> Ski	13 <input type="checkbox"/> High Skid
2 <input type="checkbox"/> Tricycle—retractable	5 <input type="checkbox"/> Tailwheel—retractable mains	8 <input type="checkbox"/> Float	11 <input type="checkbox"/> Ski/wheel	
3 <input type="checkbox"/> Tailwheel—all fixed	6 <input type="checkbox"/> Amphibian	9 <input type="checkbox"/> Emerg. float	12 <input type="checkbox"/> Skid	A Other

8 No. of Seats 24 A Other	49 Stall Warning System Installed 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	50 IFR Equipped 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	51 Icing Certification/Equipped (Multiple entry) 1 <input type="checkbox"/> Certified 2 <input checked="" type="checkbox"/> Not Certified 3 <input type="checkbox"/> Equipped 4 <input checked="" type="checkbox"/> Not Equipped A Other	52 Engine Type 1 <input checked="" type="checkbox"/> Reciprocating—carburetor 2 <input type="checkbox"/> Reciprocating—fuel injected 3 <input type="checkbox"/> Turbo prop 4 <input type="checkbox"/> Turbo jet 5 <input type="checkbox"/> Turbo fan 6 <input type="checkbox"/> Turbo shaft A Other
--	---	---	--	--

<i>If not Engine powered, go to block 59</i>	53 Engine Manufacturer LYCOMING	54 Engine Model and Series O-360-A4M	55 Engine Rated Power A 180 Horsepower B _____ Lbs. Thrust C Other	56 Number of Engines 1 A Other
--	---	--	--	---

<i>If 3 or more engines enter times in Supp. C</i>	Engine Time (Hours)	A Total Time	B Time Since Inspection	C Time Since Major Overhaul	D Other
	57 Engine No. 1	7490	1082	4001	
	58 Engine No. 2				

59 Type Maintenance Program 1 <input checked="" type="checkbox"/> Annual 2 <input type="checkbox"/> Manufacturer's Inspection Program 3 <input type="checkbox"/> Other approved inspection program (AAIP) 4 <input type="checkbox"/> Continuous airworthiness A Other	60 Type of Last Inspection 1 <input checked="" type="checkbox"/> Annual 2 <input type="checkbox"/> 100 hour 3 <input type="checkbox"/> AAIP 4 <input type="checkbox"/> Continuous airworthiness A Other	61 Date Last Inspection Performed (Nos. for M, D, Y) 4-15-86 A Other	62 Time Since inspection 1082 Hours A Other	63 Airframe Total Time 7490 Hours A Other
---	---	---	--	--

64 Source of Maintenance Information 1 <input checked="" type="checkbox"/> Tach 2 <input type="checkbox"/> Flight 3 <input type="checkbox"/> Hobbs 4 <input checked="" type="checkbox"/> Logbooks Records Estimate 5 <input type="checkbox"/> Estimate 6 <input type="checkbox"/> Pilot/Operator Report A Other	65 Hazardous Materials on Aircraft 1 <input checked="" type="checkbox"/> No A (Type) _____ B Other	Emergency Locator Transmitter (ELT)	1 Yes	2 No	A Other
---	--	--	--------------	-------------	----------------

66 Hazardous Material Spill/Factor 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	67 Installed	68 Required	69 Operated	70 Aided in location of accident site
	X	X	X	X

Owner/Operator Information

71 Registered Aircraft Owner Name M.E. Griffin	72 Address P.O. Box 3408 BORGER, TX 79009
--	--

73 Operator of Aircraft <input checked="" type="checkbox"/> Same as registered owner A Name: B dba GRIFFIN PIPELINE Patrol Co. C Other	74 Address <input checked="" type="checkbox"/> Same as registered owner A _____ B Other	75 Operator Certificate No. A Other 26 76 Operator Designator Code
--	--	--

National Transportation Safety Board
**FACTUAL REPORT
 AVIATION**

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8 |

Owner/Operator Information (continued)

7 Operator Status of This Aircraft

- 1 Owner
- 2 Lessee
- 3 Renter
- 4 Borrower
- 5 Unauthorized
- A Other

78 Pilot Status of This Aircraft

- 1 Owner
- 2 Lessee
- 3 Renter
- 4 Borrower
- 5 Unauthorized
- 6 Employee
- A Other

Type of Certificate(s) Held

80 Air Carrier Operating Certificate (Check all applicable)

- 1 Flag carrier/domestic (121)
- 2 Supplemental
- 3 All cargo (418)
- 4 Large helicopter (127)
- 5 Commuter air carrier
- 6 On-demand air taxi

81 Operating Certificate

- Other operator of large aircraft

79 None (Go to block 83)

82 Operator Certificate

- 1 Rotorcraft—external load operator (133)
- 2 Agricultural aircraft (137)

Regulation Flight Conducted Under

83 Regulation Flight Conducted Under

- 1 14 CFR 91 (only)
- 2 14 CFR 91D
- 3 14 CFR 103
- 4 14 CFR 105
- 5 14 CFR 121
- 6 14 CFR 125
- 7 14 CFR 127
- 8 14 CFR 133
- 9 14 CFR 135
- 10 14 CFR 137
- 11 14 CFR 129 (Foreign flag)
- A Specify

Type of Flight Operation Conducted

Complete 84a, b, c ONLY if flight was a revenue operation conducted under 121, 125, 127, 129, 135)

84a

- 1 Scheduled
- 2 Non-scheduled

84b

- 1 Domestic
- 2 International

84c

- 1 Passenger
- 2 Cargo
- 3 Passenger/cargo
- 4 Mail contract ONLY

Complete 86 ONLY if 84a, b, c is not applicable)

86

- 1 Personal
- 2 Business
- 3 Instructional (Including air carrier training)
- 4 Executive/corporate
- 5 Aerial application
- 6 Aerial observation
- 7 Other work use
- 8 Public use
- 9 Ferry
- 10 Positioning
- A Specify

First Pilot Information

87 Name (Last, First, Initial)

CARR, MARVIN A.
 A Other

88 Pilot Certificate No.

A Other

89 Street Address

P.O. Box 5633
 A Other

90 City

BORGER
 A Other

91 State

TX

92 Date of Birth (Nos. for M, D, Y)

A Other

93 Age

45 Yrs.
 A Other

94 Sex

- 1 Male
- 2 Female

95 Seat Occupied

- 1 Left
- 2 Right
- 3 Center
- 4 Front
- 5 Rear
- A Other

96 Principal Profession

- 1 Pilot—civilian
- 2 Pilot—military
- 3 Other—military
- 4 Aircraft mechanic
- 5 Business
- 6 Lawyer

- 7 Doctor/dentist
- 8 Police
- 9 Student
- 10 Clergy
- 11 Teacher
- 12 Engineer

- 13 Farmer/rancher
- 14 Retired
- A Other

97 Certificate(s) (Multiple entry)

- 1 Student
- 2 Private
- 3 Commercial
- 4 Airline Transport
- 5 Flight Instructor
- 6 Flight Engineer
- 7 Military
- 8 None
- 9 Foreign
- A Other

**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

F T W 8 7 F A Ø 8 8

Pilot Information (Optional) (Multiple entry - blocks 98-102)

98 Ratings—Airplane 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Single engine land 3 <input type="checkbox"/> Multiengine land 4 <input type="checkbox"/> Single engine sea 5 <input type="checkbox"/> Multiengine sea	99 Rotorcraft/Glider/LTA 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Helicopter 3 <input type="checkbox"/> Gyroplane 4 <input type="checkbox"/> Airship 5 <input type="checkbox"/> Free balloon 6 <input type="checkbox"/> Glider	100 Instrument Rating 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Airplane 3 <input type="checkbox"/> Helicopter	101 Instructor Rating(s) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Airplane SE 3 <input type="checkbox"/> Airplane ME 4 <input type="checkbox"/> Helicopter 5 <input type="checkbox"/> Gyroplane	6 <input type="checkbox"/> Glider 7 <input type="checkbox"/> Instrument plane 8 <input type="checkbox"/> Instrument helicopter
--	--	--	--	--

102 Ground Instructor 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Basic 3 <input type="checkbox"/> Advanced 4 <input type="checkbox"/> Instrument	103 Type Rating Endorsement This Aircraft 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No (Go to block 105) A Other	104 Months Since Check/Endorsement This Aircraft _____ Months A Other	105 Biennial Flight Review (Or equivalent) 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other
--	---	--	--

106 Months Since Last BFR <u>3</u> Months A Other	107 BFR (or equivalent) Aircraft Make/Model A Make <u>TYPER</u> B Model <u>PA-28-181</u> C Other	108 Medical Certificate 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Class 1 3 <input checked="" type="checkbox"/> Class 2 4 <input type="checkbox"/> Class 3 A Other	109 Medical Certificate Validity 1 <input type="checkbox"/> Valid medical—no waivers/limitations 2 <input checked="" type="checkbox"/> Valid medical—with waivers/limitations 3 <input type="checkbox"/> Non valid medical for this flight 4 <input type="checkbox"/> Expired 5 <input type="checkbox"/> No medical certificate A Other
--	--	---	--

110 Date of Last Medical (Nos. for M, D, Y) <u>5-30-86</u> A Other	111 Medical limitation 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Vision A Specify _____ B Other	112 Medical waiver 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Vision 3 <input type="checkbox"/> Hearing A Specify _____ B Other	113 Statement of Demonstrated Ability 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other
---	--	--	---

114 Correcting Lenses (Multiple entry) 1 <input type="checkbox"/> Not required 2 <input type="checkbox"/> Required to be in possession 3 <input type="checkbox"/> Required, not in possession 4 <input checked="" type="checkbox"/> Required to be worn 5 <input type="checkbox"/> Required, not worn 6 <input checked="" type="checkbox"/> Worn at time of accident A Other	115 Source of Pilot Flight Time (Multiple entry) 1 <input checked="" type="checkbox"/> Pilot log 2 <input type="checkbox"/> Company 3 <input type="checkbox"/> FAA 4 <input type="checkbox"/> Pilot/Operator Report 5 <input checked="" type="checkbox"/> Investigator's Estimate 6 <input type="checkbox"/> Relative 7 <input type="checkbox"/> Other Person A Other
--	--

Flight Time	A All A/C	B This Make & Model	C Airplane Single Engine	D Airplane Multiengine	E Night	F Instrument Actual	G Instrument Simulated	H Rotorcraft	I Glider	J Lighter Than Air	K Other
125 Total Time	9144	2500	9144	Ø	324	4	7	Ø	Ø	Ø	
126 Pilot in Command (PIC)	7630	2500	7630	Ø	300	Ø	Ø	Ø	Ø	Ø	
127 Instructor	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	
128 This Make/Model					53	Ø	Ø				
129 Last 90 Days	352	352	352	Ø	11	Ø	Ø	Ø	Ø	Ø	
130 Last 30 Days	127	127	127	Ø	2	Ø	Ø	Ø	Ø	Ø	
131 Last 24 Hours	8	8	8	Ø	Ø	Ø	Ø	Ø	Ø	Ø	

132 Landings—Last 90 Days All Aircraft <u>84</u> Day A Other	133 Landings—Last 90 Days All Aircraft <u>14</u> Night A Other	134 Landings—Last 90 Days This Make/Model <u>84</u> Day A Other	135 Landings—Last 90 Days This Make/Model <u>14</u> Night A Other
--	--	---	---

136 Seatbelt Available 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	137 Seatbelt Used 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	138 Shoulder Harness Available 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other
139 Shoulder Harness Used 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	140 Autopsy Performed (This pilot) 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	141 Toxicology Performed (This pilot) 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F T W 8 7 F A 0 8 8

Pilot Information (continued)

142 Person at Controls

- 1 Pilot in command
- 2 Second pilot
- 3 Both pilots
- 4 Non-pilot
- 5 No one
- A Other

143 Simulated Instrument Flight

- 1 Yes
- 2 No
- A Other

144 Vision Restricting Device Used

- 1 Yes
- 2 No
- A Other

145 Second Pilot

- 1 Yes (Complete second pilot supplement)
- 2 No

Flight Itinerary Information

155 Last Departure Point (Multiple entry)

- 1 Same as accident/incident location or
- A Airport identifier F18
- B City/Place CLEBURNE
- C State TX D Other

157 Destination (Multiple entry)

- 1 Same as accident/incident location or
- 2 Local flight
- A Airport Identifier CXO
- B City/Place CONROE
- C State TX
- D Other

158 Flight Plan Filed (Multiple entry)

- 1 None
- 2 Visual Flight Rules (VFR)
- 3 Instrument Flight Rules (IFR)
- 4 VFR/IFR
- 5 Company (VFR)
- 6 Military (VFR)
- A Other

156 Time of Departure

- A Time 1230 C Other
- B Time Zone CST

159 Type of Clearance

- 1 None
- 2 VFR
- 3 Special VFR
- 4 IFR
- 5 Special IFR
- 6 VFR on top
- 7 Cruise
- 8 Traffic Advisory
- 9 VFR Flight Following
- A Other

160 Airspace

- 1 Uncontrolled
- 2 Controlled
- 3 Airport traffic area
- 4 Control zone
- 5 Airport advisory area
- 6 Positive control area
- 7 Terminal control area
- 8 Stage II TRSA
- 9 Stage III TRSA
- 10 Prohibited area
- 11 Restricted area
- 12 Military Operating Area (MOA)
- 13 Student Jet Training Area
- 14 Demo Area
- 15 Warning area
- 16 FAR 93 (Special air traffic areas)
- A Other

161 Control Area

- 1 None
- 2 Victor airway
- 3 Jet airway
- 4 Control airway
- 5 Colored airway
- A Other

162 Route

- 1 None
- 2 Standard instrument departure
- 3 Standard terminal arrival
- 4 RNAV/OMEGA/LCRAN/INS
- 5 Direct
- 6 Profile Descent
- 7 VR route (military)
- 8 IR route (military)
- 9 SR route (military)
- 10 Refueling route (military)
- A Other

163 Last Two Way Communications Established

- 1 None
- 2 Yes
- A Facility Identifier
- B Other J2

Aircraft Loading Information

164 Fuel on Board at Takeoff (Multiple entry)

- 1 Estimated
- 2 Verified
- A 48 Gallons or
- B _____ Pounds
- C Other

165 Fuel Types (Multiple entry)

- 1 80/87
- 2 100 low lead
- 3 100/130
- 4 115/145
- 5 Kerosene
- 6 JP 3, 4, 5, 6
- 7 Jet A
- 8 Jet B
- 9 Mixture
- 10 Automotive
- 11 Anti-ice additive added (If known)
- A Other

166 Aircraft Weight at Takeoff (Multiple entry)

- 1 At or below max cert. gross takeoff weight
- 2 Above max certified gross takeoff weight
- 3 Estimated
- 4 Verified A Other

167 Aircraft CG at Takeoff (Multiple entry)

- 1 Within limits
- 2 Exceeded fwd limit
- 3 Exceeded aft limit
- 4 Exceeded lateral limit
- 5 Estimated
- 6 Verified
- A Other

168 Aircraft Weight at Accident (Multiple entry)

- 1 Same as takeoff
- 2 At or below max cert. gross takeoff weight
- 3 Above max certified gross takeoff weight
- 4 Estimated
- 5 Verified
- A Other

169 Aircraft CG at Accident (Multiple entry)

- 1 Same as takeoff
- 2 Within limits
- 3 Exceeded fwd limit
- 4 Exceeded aft limit
- 5 Exceeded lateral limit
- 6 Estimated
- 7 Verified
- A Other

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

F T W 8 7 F A 0 8 8

Aircraft Loading Information (continued)

170 Load Description (Multiple entry)

- | | | | | | |
|--|--|---|---|---------------------------------------|---|
| 1 <input checked="" type="checkbox"/> None | 3 <input type="checkbox"/> Cargo | 5 <input type="checkbox"/> Towing banner | 7 <input type="checkbox"/> Parachutists | 9 <input type="checkbox"/> Chemical | 11 <input type="checkbox"/> Illegal cargo |
| 2 <input type="checkbox"/> Passengers | 4 <input type="checkbox"/> Towing glider | 6 <input type="checkbox"/> Other external | 8 <input type="checkbox"/> Water | 10 <input type="checkbox"/> Livestock | A Other |

Weather Information

180 Source of Weather Briefing (Multiple entry)

- | | |
|---|---|
| 1 <input checked="" type="checkbox"/> No record of briefing (Go to block 183) | 6 <input type="checkbox"/> Company |
| 2 <input type="checkbox"/> National Weather Service (NWS) | 7 <input type="checkbox"/> Commercial weather service |
| 3 <input type="checkbox"/> Flight Service Station | 8 <input type="checkbox"/> TV/radio weather |
| 4 <input type="checkbox"/> PATWAS (Pilot Automated Tel. WX Answering Svc) | 9 <input type="checkbox"/> Military |
| 5 <input type="checkbox"/> VRS (Voice Response System) | A Other |

181 Method of Briefing (Multiple entry)

- | |
|---|
| 1 <input type="checkbox"/> In person |
| 2 <input type="checkbox"/> Teletype |
| 3 <input type="checkbox"/> Telephone |
| 4 <input type="checkbox"/> Aircraft radio |
| 5 <input type="checkbox"/> TV/radio |
| A Other |

182 Completeness of Weather briefing

- | |
|--|
| 1 <input type="checkbox"/> Weather not pertinent |
| 2 <input type="checkbox"/> Full |
| 3 <input type="checkbox"/> Partial—limited by pilot |
| 4 <input type="checkbox"/> Partial—limited by briefer/forecaster |
| A Other |

183 Investigator's Source of Weather Information

- | |
|--|
| 1 <input type="checkbox"/> Pilot (Go to block 185) |
| 2 <input type="checkbox"/> Witness (Go to block 185) |
| 3 <input checked="" type="checkbox"/> Weather observation facility |

184 Weather Observation Facility

- | |
|---|
| A Identifier ACT |
| B Time of observation 1330 zone CST |
| C Elevation 516 feet MSL |
| D Distance from accident site 15 NM |
| E Direction from accident site 310 °magnetic |

185 Basic Weather Conditions at Accident Site

- | |
|--|
| 1 <input checked="" type="checkbox"/> Visual Meteorological Conditions (VMC) |
| 2 <input type="checkbox"/> Instrument Meteorological Conditions (IMC) |
| A Other |

186 Conditions of Light

- | |
|--|
| 1 <input type="checkbox"/> Dawn |
| 2 <input checked="" type="checkbox"/> Daylight |
| 3 <input type="checkbox"/> Night (Dark) |
| 4 <input type="checkbox"/> Night (Bright) |
| 5 <input type="checkbox"/> Dusk |
| A Other |

187 Sky/Lowest/Cloud Condition

- | |
|--|
| 1 <input checked="" type="checkbox"/> Clear |
| 2 <input type="checkbox"/> Scattered |
| 3 <input type="checkbox"/> Thin broken |
| 4 <input type="checkbox"/> Thin overcast |
| 5 <input type="checkbox"/> Partial obscuration |
| A _____ Feet AGL |
| B Other |

188 Lowest Ceiling

- | |
|--|
| 1 <input checked="" type="checkbox"/> None |
| 2 <input type="checkbox"/> Broken |
| 3 <input type="checkbox"/> Overcast |
| 4 <input type="checkbox"/> Obscured |
| A _____ Feet AGL |
| B Other |

189 Visibility (decimals)

- | |
|------------------|
| A 15 SM |
| B RVR _____ Feet |
| C RVV _____ SM |
| D Other |

190 Temperature

47 ° F
A Other

192 Wind (From)

- | |
|-------------------------------------|
| 1 <input type="checkbox"/> Variable |
| A 300 ° Magnetic |
| B Other |

193 Wind Speed

- | |
|---|
| 1 <input type="checkbox"/> Calm |
| 2 <input type="checkbox"/> Light and Variable |
| A 20 Kts. |
| B Other |

194 Gusts

- | |
|---------------------------------|
| 1 <input type="checkbox"/> None |
| A 27 Kts. |
| B Other |

195 Altimeter Setting

30.26 " Hg
A Other

196 Density Altitude

_____ Feet
A Other **06**

197 Restrictions to Visibility

- | |
|---|
| 1 <input checked="" type="checkbox"/> None |
| 2 <input type="checkbox"/> Haze (H) |
| 3 <input type="checkbox"/> Dust (D) |
| 4 <input type="checkbox"/> Smoke (K) |
| 5 <input type="checkbox"/> Fog (F) |
| 6 <input type="checkbox"/> Ice fog (IF) |
| 7 <input type="checkbox"/> Ground fog (GF) |
| 8 <input type="checkbox"/> Blowing spray (BY) |
| 9 <input type="checkbox"/> Blowing dust (BD) |
| 10 <input type="checkbox"/> Blowing snow (BS) |
| 11 <input type="checkbox"/> Blowing sand (BN) |
| A Other |

198 Type of Precipitation

- | |
|--|
| 1 <input checked="" type="checkbox"/> None (Go to block 200) |
| 2 <input type="checkbox"/> Rain (R) |
| 3 <input type="checkbox"/> Snow (S) |
| 4 <input type="checkbox"/> Hail (A) |
| 5 <input type="checkbox"/> Rain showers (RW) |
| 6 <input type="checkbox"/> Freezing rain (ZR) |
| 7 <input type="checkbox"/> Snow shower (SW) |
| 8 <input type="checkbox"/> Drizzle (L) |
| 9 <input type="checkbox"/> Ice pellets (IP) |
| 10 <input type="checkbox"/> Snow pellets (SP) |
| 11 <input type="checkbox"/> Snow grains (SG) |
| 12 <input type="checkbox"/> Freezing drizzle (ZL) |
| 13 <input type="checkbox"/> Ice crystals (IC) |
| 14 <input type="checkbox"/> Ice pellet shower (IPW) |
| A Other |

199 Intensity of Precipitation

- | |
|-------------------------------------|
| 1 <input type="checkbox"/> Light |
| 2 <input type="checkbox"/> Moderate |
| 3 <input type="checkbox"/> Heavy |
| A Other |

**FACTUAL REPORT
AVIATION**

F T W 8 7 F A 0 8 8

Accident Information

200 Aircraft Damage 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Minor 3 <input type="checkbox"/> Substantial 4 <input checked="" type="checkbox"/> Destroyed	201 Aircraft Fire 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> In-flight 3 <input type="checkbox"/> On ground A Other	202 Explosion 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> In-flight 3 <input type="checkbox"/> On ground A Other	203 Damage to Property 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Residence 3 <input type="checkbox"/> Residential area 4 <input type="checkbox"/> Commercial bldg. 5 <input type="checkbox"/> Vehicle(s)	6 <input type="checkbox"/> Airport facility 7 <input type="checkbox"/> Trees 8 <input type="checkbox"/> Crops 9 <input type="checkbox"/> Fence 10 <input type="checkbox"/> Wires/poles 11 <input type="checkbox"/> Other property
--	---	---	--	--

204 Injury Index (Most critical injury)
 1 None 2 Minor 3 Serious 4 Fatal

Injury Summary (Enter only one digit per block)	A Fatal	B Serious	C Minor	D None	E Total	217 Classification 1 <input checked="" type="checkbox"/> U.S. Registered Aircraft on U.S. Soil, Territories and Possessions, or International Waters 2 <input type="checkbox"/> U.S. Registered Aircraft on Foreign Soil 3 <input type="checkbox"/> U.S. Registered Aircraft operated by a Foreign Operator 4 <input type="checkbox"/> Foreign Registered Aircraft on U.S. Soil, Territories or Possessions 5 <input type="checkbox"/> Military Aircraft 6 <input type="checkbox"/> Aircraft not Registered		
205 First Pilot	0	0	1		0		0	1
206 Co-pilot								
207 Dual Student								
208 Check Pilot								
209 Flight Engineer								
210 Cabin Attendants								
211 Other Crew								
212 Passengers								
213 TOTAL ABOARD	0	0	1		0		0	1
214 Other Aircraft								
215 Other Ground								
216 GRAND TOTAL	0	0	1		0	0	1	

Part Failure/Incorrect Part

220 Part Failure/Malfunction (Multiple entry) 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Part/component #1 3 <input type="checkbox"/> Part/component #2 4 <input type="checkbox"/> Part/component #3 A Other _____	221 Incorrect Part (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Part/component #1 3 <input type="checkbox"/> Part/component #2 4 <input type="checkbox"/> Part/component #3 A Other _____
---	--

	A Part/Component #1	B Part/Component #2	C Part/Component #3
222 Part Name	Wing		
223 ATA Code			
224 Manufacturer	PIPER		
225 Mfg. Part #	N/A		
226 Mfg. Model #	N/A		
227 Serial #	N/A		
228 Part Condition	fatigue failure		
229 Total Time	7490		
230 TSO	N/A		
231 TSI	N/A		
232 Cycles Total	UNK		
233 Cycles Since Overhaul	N/A		
234 Cycles Since Inspection	N/A		
235 Service Difficulty Report or Malfunction/Defect Report Submitted	1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
236 Bogus Part	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FTW 87 FA 088

**Supplement A
Wreckage Documentation: Single and Twin Reciprocating Engine and Unpowered Aircraft**

1 Engine #1 Serial No. L-27392-36A A Other	2 Engine #2 Serial No. A Other	3 Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	4 Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	5 Propeller Manufacturer SENSBACH A Other	6 Propeller Model/Series 76EM855-0-62 A Other
---	--	--	--	--	--

Propeller Type (Multiple entry) 1 <input type="checkbox"/> Wood 2 <input checked="" type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input type="checkbox"/> Constant speed-controllable pitch A Other	5 <input type="checkbox"/> Ground Adjustable/variable pitch 6 <input type="checkbox"/> Reversible 7 <input type="checkbox"/> Full automatic feathering 8 <input type="checkbox"/> Full manual feathering	8 Aircraft STOL Modification Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other
--	---	--

Landing Gear Positions If fixed gear, go to block 12)	9 Nose/Tail 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	10 Left Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	11 Right Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other	<i>For Rotorcraft or Balloon accidents, go to block 20.</i>
---	--	---	--	---

Control Surface Positions	12 Left Trailing Edge Flap 1 <input checked="" type="checkbox"/> Up A Extended _____ deg. B Other	13 Right Trailing Edge Flap 1 <input checked="" type="checkbox"/> Up A Extended _____ deg. B Other	14 Speed Brake 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A Other	15 Spoiler 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed 4 <input type="checkbox"/> Deployed Asymmetrically A Other
----------------------------------	---	--	---	---

Trim Tab Positions (Multiple entry)	16 Left Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other	17 Right Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other	18 Rudder 1 <input type="checkbox"/> Not Installed 2 <input checked="" type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg. B Other	19 Elevator/Stabilator/Ruddervator 1 <input checked="" type="checkbox"/> Neutral 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down A _____ deg. B Other
--	--	---	---	---

Cargo Restraint System	20 Cargo Restraint Installed (Multiple entry) 1 <input checked="" type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other	21 Cargo Restraint Used (Multiple entry) 1 <input type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other	22 Cargo Restraint Failed (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other
-------------------------------	--	--	---

Computed Weight and Balance Information - Complete when weight and/or center of gravity limitations are exceeded on accident flight. (Otherwise go to block 32)

Takeoff		
26 Weight _____ Lbs.	27 Center of Gravity A _____ % MAC or B _____ Inches	28 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches

29 Weight _____ Lbs.	30 Center of Gravity A _____ % MAC or B _____ Inches	31 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches	32 Fuel On Board At Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons <u>40</u> B Other
--------------------------------	---	--	---

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FITW1817FIA0818

Supplement A—Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

Fuel Tanks	Fuel on Board at Accident			D Tank Construction				F Spillsafe Fittings			H Fuel Leakage/Rupture				
	A Gallons Estimated	B Gallons Verified	C Other	1 Wet Wing	2 Bladder	3 Metal	E Other	1 Yes	2 No	G Other	1 None	2 Line	3 Fitting	4 Tank	I Other
33 Left Wing	20					X			X			X			
34 Right Wing	20					X			X			X		X	
35 Left Tip															
36 Right Tip															
37 Fuselage															
38 (Specify)															

41 Fuel Found In #1 Engine (Multiple entry)

1 None
 2 Lines
 3 Gascolator/strainer
 4 Carburetor/fuel injector
 5 Engine driven pump
 6 Auxiliary fuel pump

7 Filter(s)
 8 Selector valve
 9 Fuel manifold/spider
 10 Accumulator tank

A Other

42 Fuel Found In #2 Engine (Multiple entry)

1 None
 2 Lines
 3 Gascolator/strainer
 4 Carburetor/fuel injector
 5 Engine driven pump
 6 Auxiliary fuel pump

7 Filter(s)
 8 Selector valve
 9 Fuel manifold/spider
 10 Accumulator tank

A Other

43 Flight Controls, Evidence or Operational Failure or Malfunction (Multiple entry)

1 None
 2 Pitch control
 3 Roll control
 4 Yaw control

A Other

44 Airframe/Structure, Evidence of In-Flight Separation/Failure (Multiple entry)

1 None
 2 Helicopter (Complete Supp. G)
 3 General disintegration
 4 Left wing
 5 Right wing
 6 Left stab/elevator

7 Right stab/elevator
 8 Vertical fin/rudder
 9 Canard
 10 Powerplant
 11 Cabin/cargo door

A Other

45 Propeller, Evidence of In-Flight Separation/Failure

1 Yes
 2 No

A Other

46 Powerplant, Evidence of In-Flight Mechanical Malfunction

1 Yes
 2 No

A Other

47 Fuel, Evidence of Improper Grade or Contamination (Multiple entry)

1 None
 2 Improper grade

3 Contamination
 A Other

48 Oil, Evidence of Improper Grade or Contamination (Multiple entry)

1 None
 2 Improper grade

3 Contamination
 A Other

Emergency Locator Transmitter (ELT) Information

51 ELT Manufacturer
NARCO
 A Other

53 ELT Battery Type

1 Alkaline
 2 Cadmium
 3 Nicad

4 Nickel
 5 Lithium
 A Other

52 ELT Model No.
ELT-10
 A Other

54 ELT Battery Expiration Date (Nos. for M, D, Y)
3-31-87
 A Other

55 Preimpact ELT Location(s) (Multiple entry)

1 Cockpit
 2 Cabin
 3 Tailcone
 4 Empennage

5 Raft
 6 Survival Kit
 A Other

56 ELT-Reason for Noneffectiveness/Failure (Multiple entry)

1 Operated effectively
 2 Insufficient G's
 3 Improper installation
 4 Battery dead
 5 Battery corroded

6 Battery installation incorrect
 7 Incorrect battery
 8 Fire damage
 9 Impact damage
 10 Antenna broken/disconnected

11 Water submersion
 12 Unit not armed
 13 Shielded by wreckage
 14 Shielded by terrain
 15 Internal failure

16 Test satisfactorily after accident
 17 Signal direction altered by terrain
 18 Packing device still installed
 19 Remote switch off

A Other

FACTUAL REPORT AVIATION

FTW 87 FA 088

Supplement B - Cockpit Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft

1 Cockpit Secured, Readings Not Pertinent Yes (Go to block 3)2 Cockpit/Instrument Panel Destroyed Yes (Go to block 3)

Enter direct in appropriate category

Flight Instruments

Engine/System Instruments

Item	Reading/Setting	Item	Reading/Setting
AIR SPEED	Ø	OIL PRESS.	destroyed
ATT IND.	destroyed	OIL TEMP.	destroyed
ALTIMETER	57.000', 30.26"	FUEL PRESS.	destroyed
TURN COORD	85° @ bank, ball full right	① FUEL QTY	10 gal.
DIC GYRO	160°, 150 bog	② FUEL QTY	destroyed
VSI	+400 fpm	Hour Meter	7632.9
Clock	12:57	Tachometer	950 rpm, 6881.95

Comm/Nav Equipment

Miscellaneous

Item	Frequency/Remark	Item	Remark
Comm * L	124.00		
Nav * L	109.2		
ADF	940 kHz, 170°		

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FTW 87 FA 088

Supplement B—Cockpit Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

3 Navigational Equipment/Displays Installed (Multiple entry) 1 <input checked="" type="checkbox"/> OMNI Head(s) 2 <input checked="" type="checkbox"/> Glide slope 3 <input type="checkbox"/> HSI 4 <input type="checkbox"/> Flight director 5 <input type="checkbox"/> RMI 6 <input type="checkbox"/> RNAV		4 Autopilot 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Engaged 3 <input type="checkbox"/> Not engaged A Other		5 Digital Electronic/Nav/Com Displays 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Installed A Other		6 Primary Altimeter Type 1 <input type="checkbox"/> Counter-pointer 2 <input type="checkbox"/> Drum-pointer 3 <input checked="" type="checkbox"/> 3-pointer 4 <input type="checkbox"/> 2-pointer A Other	
7 Standby Altimeter Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other		8 Radar Altimeter Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other		9 Transponder 1 <input type="checkbox"/> Not installed 2 <input checked="" type="checkbox"/> Installed-not used 3 <input type="checkbox"/> Installed-used 4 <input type="checkbox"/> Installed-used-Altitude encoding A Other		10 Altimeter Indicator Installed 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	
11 Altimeter Indicator Power Source (Multiple entry) 1 <input checked="" type="checkbox"/> Pressure/vacuum system 2 <input type="checkbox"/> Pressure/vacuum system-with backup power source 3 <input type="checkbox"/> Electrical 4 <input type="checkbox"/> Standby indicator with alternate power source A Other			12 Type of Stall Warning Indicator 1 <input type="checkbox"/> None 2 <input checked="" type="checkbox"/> Visual/light 3 <input type="checkbox"/> Visual/gauge 4 <input type="checkbox"/> Aural 5 <input type="checkbox"/> Stickshaker A Other		13 Weather Radar/Detection Equipment 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Installed-on 3 <input type="checkbox"/> Installed-off 4 <input type="checkbox"/> Installed, on/off unknown A Other		
14 Type Weather Radar/Detection Equipment (Multiple entry) 1 <input type="checkbox"/> Storm scope 2 <input type="checkbox"/> Black and white radar 3 <input type="checkbox"/> Color radar A Other							

Electrical/System Switches 18 Switches Destroyed/Inaccessible (Go to block 56)
 19 Switch Positions Not Pertinent (Go to block 56)

Switch/Item	Not Installed	2 On	3 Off	A Other	Pertinent Setting/Remark
20 Electrical Master		X			
21 Battery		X			
22 #1 Gen/Alternator		X			
23 #2 Gen/Alternator	X				
24 Inverter	X				
25 Avionics Master	X				
28 Pitot Heat			X		
29 Ice Detection	X				
30 Propeller Deice/Anti-ice	X				
31 Windshield Deice	X				
32 Windshield Anti-Ice	X				
33 Airframe Deice	X				
36 Cabin Air/Fan	X				
37 Cabin Heater	X				
38 Air Conditioning	X				
39 Cabin Pressure Altitude	X				
40 Cabin Pressure Temperature	X				
41 Crew Oxygen	X				
42 Cabin/Passenger Oxygen	X				
45 Taxi Lights				05	
46 Landing Lights				05	
47 Rotating Beacon				05	

**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FITW18171FA101818

Supplement B Cockpit Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

Switch/Item	1 Not Installed	2 On	3 Off	A Other	Pertinent Setting/Remark
48 Strobes				Ø5	
49 Navigation Lights				Ø5	
50 Instrument Panel Lights				Ø5	
51 Cockpit/Storm Lights				Ø5	
52 Cabin Lights				Ø5	
53 ELT Remote				Ø5	

Engine Controls - No. 1 Engine 56 Engine Control Positions Not Pertinent (Go to block 65)

57 Throttle Position 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full forward 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Idle A Other Ø5	58 Propeller 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full increase (Low pitch) 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Full decrease (High pitch) 5 <input type="checkbox"/> Feather A Other Ø5	59 Mixture 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full rich 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Idle cutoff A Other Ø5	60 Carburetor Heat 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full on 3 <input type="checkbox"/> Partial 4 <input type="checkbox"/> Off A Other Ø5
61 Alternate Air 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed 4 <input type="checkbox"/> Midrange A Other	62 Cowl Flaps 1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed 4 <input type="checkbox"/> Midrange A Other	63 Magneto Switch Position 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Both 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right 5 <input type="checkbox"/> Off 6 <input type="checkbox"/> Start A Other Ø5	64 Throttle Friction 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Tight 3 <input type="checkbox"/> Loose A Other Ø5

Engine Controls - No. 2 Engine 65 Engine Control Positions Not Pertinent (Go to block 74)

66 Throttle Position 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full forward 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Idle A Other	67 Propeller 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full increase (Low pitch) 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Full decrease (High pitch) 5 <input type="checkbox"/> Feather A Other	68 Mixture 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full rich 3 <input type="checkbox"/> Midrange 4 <input type="checkbox"/> Idle cutoff A Other	69 Carburetor Heat 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Full on 3 <input type="checkbox"/> Partial 4 <input type="checkbox"/> Off A Other
70 Alternate Air 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed 4 <input type="checkbox"/> Midrange A Other	71 Cowl Flaps 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Open 3 <input type="checkbox"/> Closed 4 <input type="checkbox"/> Midrange A Other	72 Magneto Switch Position 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Both 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right 5 <input type="checkbox"/> Off 6 <input type="checkbox"/> Start A Other	73 Throttle Friction 1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Tight 3 <input type="checkbox"/> Loose A Other

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FIT 1W18171FIA 018181

Supplement B—Cockpit Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

Landing Gear Controls/Indicators, Flight Controls/Indicators, and Fuel Selectors/Pumps

<p>74 Landing Gear Control</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down 4 <input type="checkbox"/> Off A Other</p>	<p>75 Landing Gear Indicator</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down 4 <input type="checkbox"/> Transit/unsafe A Other</p>	<p>76 Trailing Edge Flap System</p> <p>1 <input type="checkbox"/> Not installed 2 <input checked="" type="checkbox"/> Manual 3 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Hydraulic A Other</p>	<p>77 Trailing Edge Flap Control</p> <p>1 <input type="checkbox"/> Not installed 2 <input checked="" type="checkbox"/> Up A Down _____ deg. B Other</p>	<p>78 Trailing Edge Flap Indicator</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Up A Down _____ deg. B Other</p>
<p>79 Speed Brake Control</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A Other</p>	<p>80 Spoiler Control</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A Other</p>	<p>81 Dual Controls</p> <p>1 <input type="checkbox"/> Not installed 2 <input checked="" type="checkbox"/> Installed A Other</p>	<p>82 Throwover Control Yoke/Position</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Left 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Intermediate A Other</p>	
<p>83 Elev/Stab Trim Control (Multiple entry)</p> <p>1 <input type="checkbox"/> Not installed 2 <input checked="" type="checkbox"/> Manual 3 <input type="checkbox"/> Electric A Other</p>	<p>84 Elev/Stab Trim Indicator</p> <p>1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down 4 <input type="checkbox"/> Neutral A Other Ø5</p>	<p>85 Aileron Trim Control (Multiple entry)</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Manual 3 <input type="checkbox"/> Electric A Other</p>	<p>86 Aileron Trim Indicator</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Left 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Neutral A Other</p>	<p>87 Rudder Trim Indicator</p> <p>1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Left 3 <input type="checkbox"/> Right 4 <input type="checkbox"/> Neutral A Other Ø5</p>
<p>88 Fuel Selector Position(s) (Multiple entry)</p> <p>1 <input type="checkbox"/> Left main 2 <input type="checkbox"/> Right main 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Left auxiliary 5 <input type="checkbox"/> Right auxiliary 6 <input type="checkbox"/> Center 7 <input type="checkbox"/> Forward 8 <input type="checkbox"/> Aft 9 <input type="checkbox"/> External tank 10 <input type="checkbox"/> Between tanks 11 <input type="checkbox"/> X-feed left to right 12 <input type="checkbox"/> X-feed right to left 13 <input type="checkbox"/> On-engine #1 14 <input type="checkbox"/> Off-engine #1 15 <input type="checkbox"/> On-engine #2 16 <input type="checkbox"/> Off-engine #2 A Other Ø5</p>			<p>89 Fuel Boost Pump, Engine #1</p> <p>1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> On 3 <input type="checkbox"/> High 4 <input type="checkbox"/> Low 5 <input type="checkbox"/> Off A Other Ø5</p>	
<p>90 Fuel Boost Pump, Engine #2</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> On 3 <input type="checkbox"/> High 4 <input type="checkbox"/> Low 5 <input type="checkbox"/> Off A Other</p>	<p>91 Fuel Transfer Pump</p> <p>1 <input checked="" type="checkbox"/> Not installed 2 <input type="checkbox"/> Off A On (____ tank to ____ tank) B Other</p>	<p>92 Primer, Engine #1</p> <p>1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Locked 3 <input type="checkbox"/> Unlocked A Other Ø5</p>	<p>93 Primer Engine #2</p> <p>1 <input type="checkbox"/> Not installed 2 <input type="checkbox"/> Locked 3 <input type="checkbox"/> Unlocked A Other</p>	

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

Supplement I - Crash Kinematics

1 Accident Site Geographic Coordinates—Latitude (Multiple entry)

1 North A 32 deg. 20 minutes

2 South B Other

2 Accident Site Geographic Coordinates—Longitude (Multiple entry)

1 East A 96 deg. 51 minutes

2 West B Other

3 Impact Sequence—(Number in sequence. Multiple entry.)

1 <input type="checkbox"/> None	7 <input checked="" type="checkbox"/> Ground ①	13 <input type="checkbox"/> Trees/limbs 12" diam. and up	19 <input type="checkbox"/> Runway light
2 <input type="checkbox"/> Rock face	8 <input type="checkbox"/> Dirt bank	14 <input type="checkbox"/> Frangible approach aid	20 <input type="checkbox"/> Water
3 <input type="checkbox"/> Rigid structure	9 <input type="checkbox"/> Scrub tree	15 <input type="checkbox"/> Non-frangible approach aid	21 <input type="checkbox"/> Wire
4 <input type="checkbox"/> Rocks to 1' diam.	10 <input type="checkbox"/> Trees/limbs to 6" diam.	16 <input type="checkbox"/> Submerged obstacle	22 <input type="checkbox"/> Pole
5 <input type="checkbox"/> Rocks 1'-2' diam.	11 <input type="checkbox"/> Trees/limbs 6"-9" diam.	17 <input type="checkbox"/> Vehicle	23 <input type="checkbox"/> Snow bank
6 <input type="checkbox"/> Rocks > 2' diam.	12 <input type="checkbox"/> Trees/limbs 9"-12" diam.	18 <input type="checkbox"/> Aircraft	A Other

4 Terrain at Principal Impact Point (Multiple entry)

1 <input type="checkbox"/> None	6 <input type="checkbox"/> Packed snow	11 <input type="checkbox"/> Dry sod	16 <input type="checkbox"/> Rock
2 <input type="checkbox"/> Wet cultivated soil	7 <input type="checkbox"/> Loose snow	12 <input type="checkbox"/> Wet sod	17 <input type="checkbox"/> Ice
3 <input checked="" type="checkbox"/> Dry cultivated soil	8 <input type="checkbox"/> Concrete	13 <input type="checkbox"/> Water	18 <input type="checkbox"/> Mud
4 <input type="checkbox"/> Dry packed clay	9 <input type="checkbox"/> Asphalt	14 <input type="checkbox"/> Tundra	19 <input type="checkbox"/> Sand
5 <input type="checkbox"/> Boggy swampy	10 <input type="checkbox"/> Loose rock	15 <input type="checkbox"/> Dirt	A Other

Principal Impact Kinematics

5 Airspeed At Impact (Enter direct or mark estimated range)

1 <input type="checkbox"/> 0-15	6 <input checked="" type="checkbox"/> 75-90	11 <input type="checkbox"/> 210 plus knots
2 <input type="checkbox"/> 15-30	7 <input type="checkbox"/> 90-120	A _____ Knots
3 <input type="checkbox"/> 30-45	8 <input type="checkbox"/> 120-150	B Other
4 <input type="checkbox"/> 45-60	9 <input type="checkbox"/> 150-180	
5 <input type="checkbox"/> 60-75	10 <input type="checkbox"/> 180-210	

6 Flight Path Angle (Enter direct or mark estimated range)

1 <input type="checkbox"/> Up	6 <input type="checkbox"/> 15-20	11 <input type="checkbox"/> 60-90
2 <input checked="" type="checkbox"/> Down	7 <input type="checkbox"/> 20-25	A _____ Degrees
3 <input type="checkbox"/> 0-5	8 <input type="checkbox"/> 25-30	B Other
4 <input type="checkbox"/> 5-10	9 <input type="checkbox"/> 30-45	
5 <input type="checkbox"/> 10-15	10 <input checked="" type="checkbox"/> 45-60	

7 Pitch Attitude At Impact (Enter direct or mark estimated range.)

Pitch Attitude 1 <input checked="" type="checkbox"/> Down 2 <input type="checkbox"/> Up A _____ Deg.	Nose Down Angle With Horizon 75 60 45 30 15 0 15 30 45 60 75	Nose Up Angle With Horizon 90 75 60 45 30 15 0 15 30 45 60 75 90	B or Other

8 Roll Attitude At Impact (Enter direct or mark estimated range.)

Roll 1 <input checked="" type="checkbox"/> Left 2 <input type="checkbox"/> Right A _____ Deg.	Aircraft Rolled Left 105 120 135 150 165 180 165 150 135 120 105	Aircraft Rolled Right 90 75 60 45 30 15 0 15 30 45 60 75 90	B or Other

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FITW|8|7|F|A|Ø|8|8|

Supplement I—Crash Kinematics (continued)

9 Yaw Attitude at Impact (Enter direct or mark estimated range.)

1 <input checked="" type="checkbox"/> Nose left 2 <input type="checkbox"/> Nose right A _____ Deg.	Aircraft Yawed Left Aircraft Yawed Right	or B Other
	90 <input type="checkbox"/> 75 <input type="checkbox"/> 60 <input type="checkbox"/> 45 <input type="checkbox"/> 30 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 0 <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90 <input type="checkbox"/>	

10 Terrain Angle 1 <input checked="" type="checkbox"/> Level A Up _____ deg. B Down _____ deg. C Other _____	11 Principal Impact Ground Scar Length 1 <input type="checkbox"/> None A <u>6</u> feet B Other _____	12 Principal Impact Ground Scar Depth 1 <input type="checkbox"/> None A <u>18</u> inches B Other _____	13 Fuselage Totally Destroyed 1 <input checked="" type="checkbox"/> Yes (Go to block 36) 2 <input type="checkbox"/> No A Other _____
---	--	--	--

14 Cockpit Damage (Multiple entry) 1 <input type="checkbox"/> Destroyed 2 <input type="checkbox"/> Collapsed 3 <input type="checkbox"/> Part collapsed 4 <input type="checkbox"/> Distorted A Other _____	15 FWD Cabin Damage (Multiple entry) 1 <input type="checkbox"/> Destroyed 2 <input type="checkbox"/> Collapsed 3 <input type="checkbox"/> Part collapsed 4 <input type="checkbox"/> Distorted 5 <input type="checkbox"/> Burnt 6 <input type="checkbox"/> Intact 7 <input type="checkbox"/> None A Other _____	16 AFT Cabin Damage (Multiple entry) 1 <input type="checkbox"/> Destroyed 2 <input type="checkbox"/> Collapsed 3 <input type="checkbox"/> Part collapsed 4 <input type="checkbox"/> Distorted 5 <input type="checkbox"/> Burnt 6 <input type="checkbox"/> Intact 7 <input type="checkbox"/> None A Other _____
---	---	---

17 Fuselage Split 1 <input type="checkbox"/> No (Go to block 19) 2 <input type="checkbox"/> Longitudinal 3 <input type="checkbox"/> Circumferential A Other _____	18 Fuselage Split Behind Seat # _____ A Other _____	19 Fuselage Collapse (Estimated) 1 <input type="checkbox"/> None A Horizontal _____ inches B Vertical _____ inches C Other _____	20 Fuselage Crush 1 <input type="checkbox"/> None A Horizontal _____ inches B Vertical _____ inches C Other _____
--	--	---	--

Approved Exit Data

Exit Location	A Type of Exit				C Operable			E Fire Damage			G Impact Damage		
	1 Door	2 Window	3 Hatch	B Other	1 Yes	2 No	D Other	1 Yes	2 No	F Other	1 Yes	2 No	H Other
21 Cockpit-Left													
22 Cockpit Right													
23 1L													
24 1R													
25 2L													
26 2R													
27 3L													
28 3R													
29 4L													
30 4R													
31 5L													
32 5R													
33 6L													
34 6R													

National Transportation Safety Board
FACTUAL REPORT
AVIATION

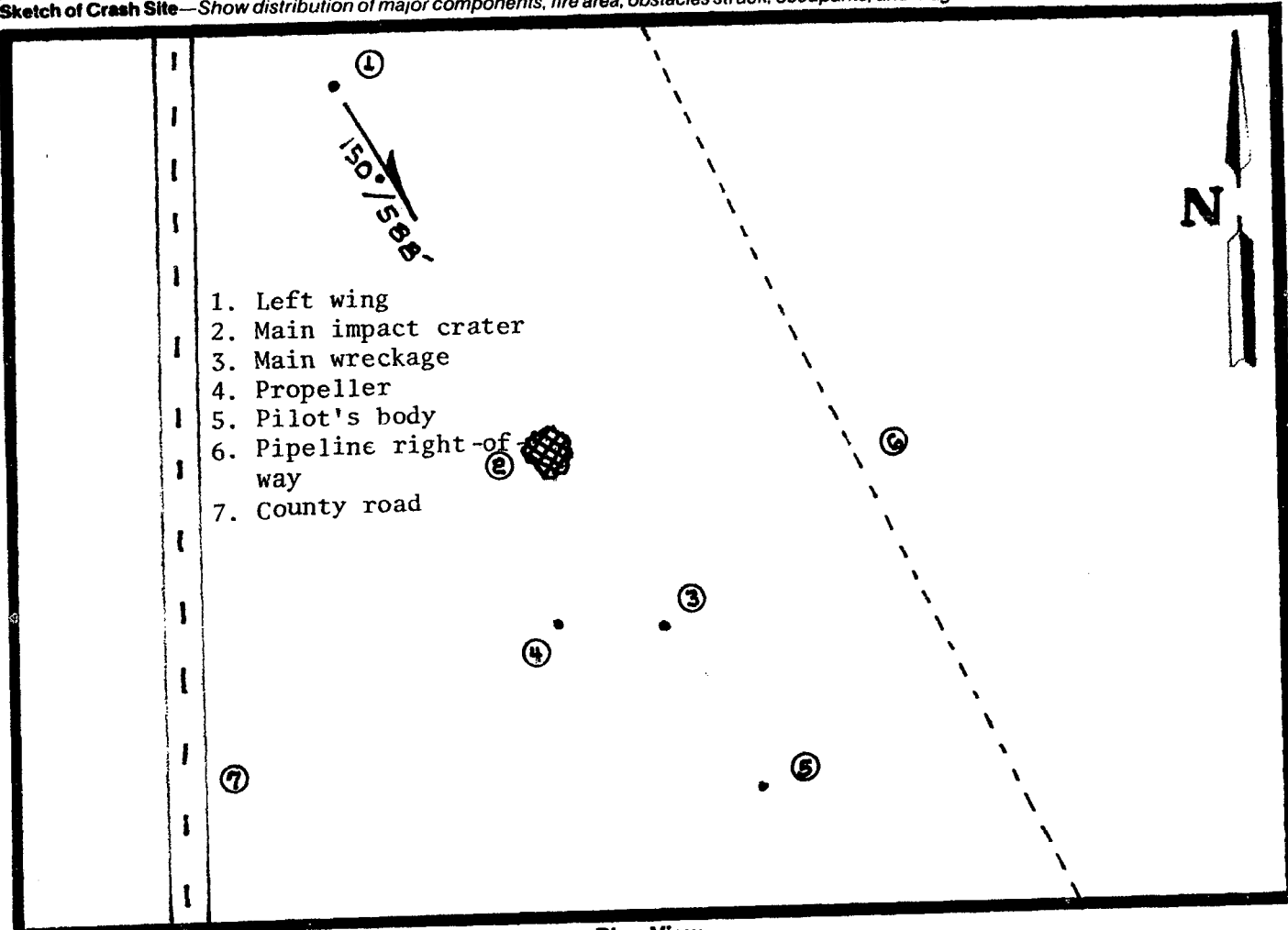
NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

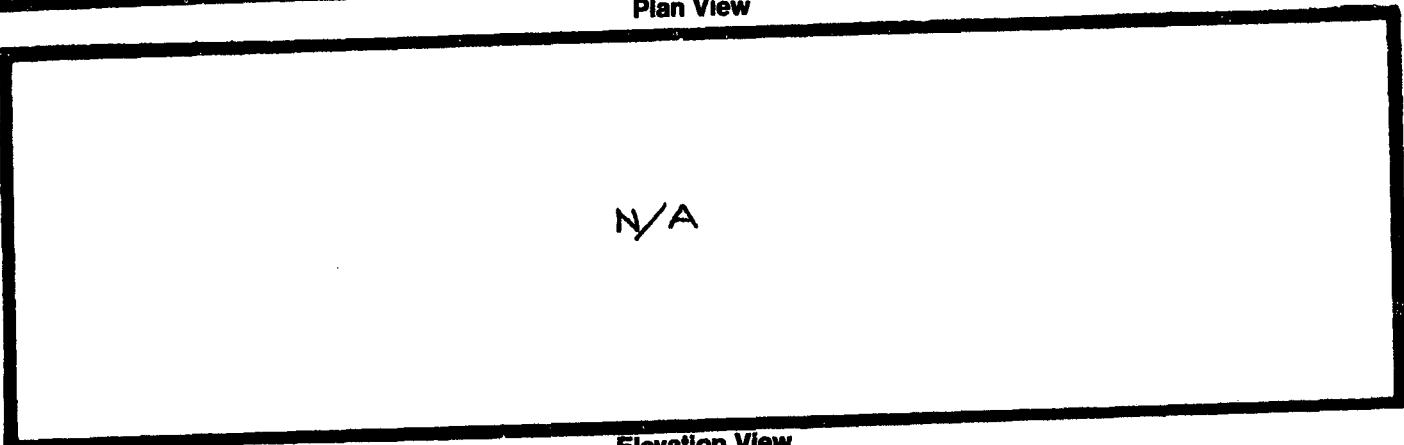
Supplement I - Crash Kinematics (continued)

Crash Site Plan/Elevation

36 Sketch of Crash Site—Show distribution of major components, fire area, obstacles struck, occupants, and magnetic north. Sketch is "NOT TO SCALE".



Plan View



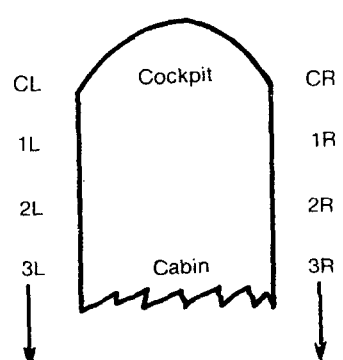
Elevation View

**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

Supplement K—Occupant, Survival and Injury Information

1 Seat No. A <u>01</u> B If Seat Unknown Enter Persons Name _____ C Other _____	2 Position 1 <input checked="" type="checkbox"/> Pilot in command 2 <input type="checkbox"/> Second pilot 3 <input type="checkbox"/> Other crewmember 4 <input type="checkbox"/> Passenger A Other _____	For non-survivable accident, go to block 36	3 Age A _____ Yrs B Under 24 mos., enter months _____ C Other _____	4 Height _____ Inches A Other _____	5 Weight _____ Lbs A Other _____
6 Injury Index 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Minor 3 <input type="checkbox"/> Serious 4 <input type="checkbox"/> Fatal	7 Condition Prior to Accident (Multiple entry) 1 <input type="checkbox"/> Smoker 2 <input type="checkbox"/> Language difficulty 3 <input type="checkbox"/> Pre-existing disease 4 <input type="checkbox"/> Prosthesis A Other _____	8 Physically Handicapped (Multiple entry) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Blind 3 <input type="checkbox"/> Mobility impaired 4 <input type="checkbox"/> Deaf A Other _____	9 Seat Belt Adjustment 1 <input type="checkbox"/> Not fastened 2 <input type="checkbox"/> Loose 3 <input type="checkbox"/> Snug 4 <input type="checkbox"/> Tight 5 <input type="checkbox"/> Fastened-Tightness Unknown 6 <input type="checkbox"/> Not seated 7 <input type="checkbox"/> Seat not equipped A Other _____	10 Shoulder Harness Adjustment 1 <input type="checkbox"/> Not fastened 2 <input type="checkbox"/> Loose 3 <input type="checkbox"/> Snug 4 <input type="checkbox"/> Tight 5 <input type="checkbox"/> Fastened-Tightness Unknown 6 <input type="checkbox"/> Seat not equipped A Other _____	
11 Knew Impact/Accident Coming 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other _____	12 Braced for Impact 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other _____	13 Direction of Movement at Impact (Multiple entry) 1 <input type="checkbox"/> Forward 3 <input type="checkbox"/> Upward 5 <input type="checkbox"/> Left 2 <input type="checkbox"/> Rearward 4 <input type="checkbox"/> Downward 6 <input type="checkbox"/> Right A Other _____			
14 Exit Used 1 <input type="checkbox"/> Did not escape 2 <input type="checkbox"/> Split in fuselage A Exit number (use diagram) _____ B Other _____	Exit Diagram  <p style="text-align: right; margin-right: 50px;">Use following codes for overhead hatches</p> <p style="margin-right: 50px;">Cockpit 99</p> <p style="margin-right: 50px;">Cabin 88</p> <p style="margin-right: 50px;">Tailcone 77</p>			15 Escape Hampered by (Multiple entry) 1 <input type="checkbox"/> Not hampered 2 <input type="checkbox"/> Smoke 3 <input type="checkbox"/> Heat 4 <input type="checkbox"/> Injuries 5 <input type="checkbox"/> Trapped 6 <input type="checkbox"/> Darkness 7 <input type="checkbox"/> Debris 8 <input type="checkbox"/> Disorientation 9 <input type="checkbox"/> Difficulty Using Exit A Specify _____ B Other _____	
16 Briefed on Emergency Procedures (Multiple entry) 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Before takeoff 3 <input type="checkbox"/> Before impact/accident A Other _____	17 Evacuation Aided by (Multiple entry) 1 <input type="checkbox"/> Passenger 2 <input type="checkbox"/> Crew 3 <input type="checkbox"/> Bystander 4 <input type="checkbox"/> CFR personnel 5 <input type="checkbox"/> Unaided A Other _____	18 Injured During Evacuation 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other _____			

Complete this section if oxygen was used.

21 Type of Equipment 1 <input type="checkbox"/> Supplemental 2 <input type="checkbox"/> Portable A Other _____	22 Difficulty in Use 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other _____	23 Type of Oxygen System 1 <input type="checkbox"/> Solid state 2 <input type="checkbox"/> Gaseous A Specify _____ B Other _____
--	---	---

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F T W 8 7 F A 0 8 8

Supplement K—Occupant Survival and Injury Information (continued)

Complete this section for accidents involving fire.

24 No fire involved (Go to block 29)

<p>25 Fire First Sighted (Location)</p> <p>1 <input type="checkbox"/> Inside aircraft 2 <input type="checkbox"/> Outside aircraft 3 <input type="checkbox"/> Both A Other</p>	<p>26 Smoke Mask/Goggles Used (Multiple entry)</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Both 4 <input type="checkbox"/> Difficulty in use A Other</p>	<p>27 Material of Clothes Worn (Multiple entry)</p> <p>1 <input type="checkbox"/> Synthetic 2 <input type="checkbox"/> Nonsynthetic 3 <input type="checkbox"/> Fire resistant 4 <input type="checkbox"/> Mix-synthetic and nonsynthetic A Other</p>	<p>28 Exposure to Heat/Fire (Multiple entry)</p> <p>1 <input type="checkbox"/> Head/face 2 <input type="checkbox"/> Arm(s) 3 <input type="checkbox"/> Hand(s) 4 <input type="checkbox"/> Leg(s) 5 <input type="checkbox"/> Torso 6 <input type="checkbox"/> Feet A Other</p>
---	--	--	---

Complete this section for accidents involving ditching/water impact.

29 No water impact (Go to block 36)

Flotation Devices	A Available			C Used			E Familiar With Use			G Problems In Use			I Malfunctioned With Use			K Equipment Damaged		
	1 Yes	2 No	B Other	1 Yes	2 No	D Other	1 Yes	2 No	F Other	1 Yes	2 No	H Other	1 Yes	2 No	J Other	1 Yes	2 No	L Other
30 Liferaft																		
31 Vest-Inflatable																		
32 Vest-Non-Inflatable																		
33 Cushion																		

<p>34 Time in Water</p> <p>A _____ Hrs. B _____ Mins. C Other _____</p>	<p>35 Rescued by</p> <p>1 <input type="checkbox"/> Boat 2 <input type="checkbox"/> Airplane 3 <input type="checkbox"/> Helicopter 4 <input type="checkbox"/> None A Other _____</p>
--	--

Occupant Injuries—Complete applicable parts for survivors and nonsurvivors.

Items 36 thru 39 apply ONLY to flight crewmembers.

<p>36 Medication Prescribed</p> <p>1 <input type="checkbox"/> No A Yes (Specify: <u>BANCAPS HC,</u> <u>PEN VK 200mg</u>) B Other _____</p>	<p>37 Medication Being Taken</p> <p>1 <input checked="" type="checkbox"/> No A Yes (Specify: _____) B Other _____</p>	<p>38 Medication/Drugs Found</p> <p>1 <input type="checkbox"/> No A Yes (Specify: <u>BANCAPS HC,</u> <u>PEN VK 200mg</u>) B Other _____</p>
--	--	---

39 Pre-existing Disease Found at Autopsy

1 No autopsy performed
 2 None reported

A Yes Specify: _____
 B Other _____

Results of Toxicological Analyses—Complete as applicable for survivors and nonsurvivors.

40 Toxicology (Multiple entry)

1 Not ordered
 2 Not ordered—performed
 3 Ordered—performed
 4 Ordered—not performed
 5 Embalmed
 6 Specimen not available/unsuitable for analysis
 A Other _____

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

Supplement K—Occupant, Survival and Injury Information (continued)

Results of Toxicological Analyses—(Complete as applicable for survivors and nonsurvivors.) (continued)

Substances	A Test Results			C Level of Substances Found
	1 Positive	2 Negative	B Other	
41 Ethanol (Alcohol)		X		Mg %
42 CO (Carbon Monoxide)	X			% Saturation
43 hb (Hemoglobin)			07	gm %
44 HCN (Hydrogen Cyanide)		X		Microgram/ml
45 Acidic and Neutral Drugs		X		
46 Basic Drugs		X		
47 Marijuana		X		
48 (Specify) _____				

List any additional toxicological substances discovered below.

A Substance Code	B Level of Substances Found	A Substance Code	B Level of Substances Found
49 012	CAFFEINE 1.5 ug/ml	56	
50		57	
51		58	
52		59	
53		60	
54		61 (Specify)	
55		62 (Specify)	

Toxicological Substances/Codes

Acetaminophen 001	Cocaine 018	Imipramine 035	Menthol 052
Acetaldehyde 002	Codeine 019	Isopropanol 036	Morphine 053
Acetone 003	Desipramine 020	Ketamine 037	Medazepam 054
Amoxapine 004	Diazepam 021	Lidocaine 038	Nicotine 055
Amtripyline 005	Dihydrocodeinone 022	Loxapine 047	Nortriptyline 056
Amobarbital 006	Diphenhydramine 023	Mecloqualone 039	Oxazepam 057
Amphetamine 007	Diphenylhydantoin 024	Meprobamate 040	Pentazocine 058
Benzoylcegonine 008	Doxepin 025	Mephentermine 041	Phenobarbital 059
Brompheniramine 009	Desalkylflurazepam 026	Meprobamate 042	Procaine 060
Butalbital 010	Demoxepam 027	Methanol 043	Propoxyphene 061
Butabarbital 011	Ethchlorvynol 028	Methadone 044	Secobarbital 062
Caffeine 012	Flunitrazepam 029	Methamphetamine 045	Thioridazine 063
Cannabinoids 013	Flurazepam 030	Methaqualone 046	Tenazepam 064
Chlorazepate 014	Fluphenazine 031	Methylenedioxym 048	Nordazepam 065
Chlordiazepoxide 015	Guifluamide 032	Phetamine 049	Pentobarbital 066
Chlorphentermine 016	Haloperidol 033	Methylphenidate 050	Phencyclidine 067
Clonazepam 017	Hexobarbital 034	Methyprylon 051	Phendimetrazine 068
			Prazepam 069

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

FITW|87|FA|0|88

Supplement K—Occupant, Survival and Injury Information (continued)

63 For multiple extreme traumatic injuries, check box, and go to next applicable supplement.

Occupant Injury Coding Chart (Complete for survivors and non survivors as applicable.)

	A Body Region	B Aspect	C Lesion	D System/Organ	E A.I.S. Severity	F 6 Injury Source	G 7 Source of Data
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							

- Body Region - A**
- 01 Head (Skull, scalp, ears)
 - 02 Face (Forehead, nose, eyes, mouth)
 - 03 Neck (Cervical spine, C1-C7)
 - 04 Shoulder (Clavicle, scapula, joint)
 - 05 Upper limb (Whole arm)
 - 06 Arm (Upper)
 - 07 Elbow
 - 08 Forearm
 - 09 Wrist
 - 10 Hand—fingers
 - 11 Chest (Anterior and posterior ribs)
 - 12 Abdomen (Diaphragm and below)
 - 13 Back (Thoracic spine T1-T12)
 - 14 Back (Lumbar L1-L5)
 - 15 Pelvis—hip
 - 16 Lower limb (Whole leg)
 - 17 Thigh (Femur)
 - 18 Knee
 - 19 Leg (Below knee)
 - 20 Ankle
 - 21 Foot—toes
 - 22 Whole body
 - 88 Injured, unknown region
 - 99 Other

- 88 Injured aspect unknown
 - 99 Other
- Lesion - C**
- 01 Laceration
 - 02 Contusion
 - 03 Abrasion
 - 04 Fracture
 - 05 Concussion
 - 06 Avulsion
 - 07 Rupture
 - 08 Sprain
 - 09 Dislocation
 - 10 Crush
 - 11 Amputation
 - 12 Burn
 - 13 Fracture and dislocation
 - 14 Severance (Transection)
 - 15 Strain
 - 16 Detachment (Separation)
 - 17 Perforation (Puncture)
 - 88 Injured unknown lesion
 - 99 Other

- System/Organ - D**
- 01 Skeletal
 - 02 Vertebrae
 - 03 Joints
 - 04 Digestive

- 05 Liver
- 06 Nervous System
- 07 Brain
- 08 Spinal cord
- 09 Ears
- 10 Arteries veins
- 11 Heart
- 12 Spleen
- 13 Urogenital
- 14 Kidneys
- 15 Respiratory
- 16 Eye
- 17 Pulmonary/lungs
- 18 Airway
- 19 Muscles
- 20 Integumentary
- 21 Thyroid (Thyroid or other endocrine gland)
- 88 Injured, unknown system or organ
- 99 Other

- Abbreviated Injury Scale - E**
- 00 Not injured
 - 01 Minor injury
 - 02 Moderate injury
 - 03 Serious injury (Not life-threatening)
 - 04 Severe injury (Life-threatening survival probable)
 - 05 Critical injury (Survival uncertain)
 - 06 Maximum (untreatable)
 - 07 Injured (Unknown severity)
 - 88 Unknown if injured

- Source of Data - G**
- Official
- 01 Autopsy records with or without hospital/medical records
 - 02 Hospital/medical records
 - 03 Emergency room records
 - 04 Private or treating physicians
- Unofficial
- 05 Lay coroner
 - 06 E.M.S. personnel
 - 07 Interviewee
 - 08 Police
 - 09 Other source

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

F | T | W | 8 | 7 | F | A | 0 | 8 | 8

Supplement K -- Occupant, Survival and Injury Information (continued)

Injury Source List - F

- | | |
|---------------------------------|--|
| 01 Windshield | 25 Ground/runway |
| 02 Windshield frame | 26 Unsecured seat(s) |
| 03 Window | 27 Outside object(s) entering aircraft |
| 04 Window frame | 28 Galley item(s) |
| 05 Instrument panel | 29 Food/beverage item(s) |
| 06 Side console | 30 Other interior objects |
| 07 Center console | 31 Other exterior objects |
| 08 Control stick/cyclic stick | 32 Evacuation slide/slide raft |
| 09 Collective | 33 Escape rope/tape |
| 10 Control yoke/column | 34 Escape inertia device |
| 11 Throttle quadrant/levers | 35 Ejected from aircraft |
| 12 Rudder pedals | 36 Propeller/rotor blades |
| 13 Ceiling | 37 Exterior aircraft surface |
| 14 Sidewall | 38 Engine |
| 15 Floor | 39 Wheel/tires |
| 16 Fuselage framing/structure | 40 Ground vehicle |
| 17 Table | 41 Toxic/noxious/irritant fumes |
| 18 Seat | 42 Fire/radiant heat |
| 19 Seatback tray | 43 Flying glass |
| 20 Restraints—seatbelt/tiedown | 44 Door/hatches |
| 21 Restraints—shoulder harness | 45 Acceleration forces |
| 22 Unsecured item(s) in cockpit | 46 Exposure |
| 23 Unsecured item(s) in cabin | 47 Glare Shield |
| 24 Other occupants | 48 Eyeglasses |
| | 88 Unknown |
| | 99 Other |

74 Death Due To Fire/Smoke

- 1 Yes
2 No
A Other

75 Death Due To Drowning

- 1 Yes
2 No
A Other

National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FTW 87 FA 088

Supplement L—Seat, Restraint System and Fuselage Deformation

Seat Information

1 Seat Number 01 A Other	2 Seat Manufacturing Standard 1 <input checked="" type="checkbox"/> Type certificate (Airframe manufacturer) 2 <input type="checkbox"/> Non-TSO A TSO (Specify) _____ B Other		3 Seat Orientation 1 <input checked="" type="checkbox"/> Forward facing 2 <input type="checkbox"/> Rearward facing 3 <input type="checkbox"/> Side facing A Other	4 Seat Unit 1 <input type="checkbox"/> Fixed 2 <input checked="" type="checkbox"/> Adjustable 3 <input type="checkbox"/> Swivel A Other
5 Seat Type (Multiple entry) 1 <input checked="" type="checkbox"/> Cockpit crew 2 <input type="checkbox"/> Flight attendant single jumpseat 3 <input type="checkbox"/> Flight attendant double jumpseat 4 <input type="checkbox"/> Folding stowable 5 <input type="checkbox"/> Single passenger seat 6 <input type="checkbox"/> 2 passenger seat unit 7 <input type="checkbox"/> 3 passenger seat unit 8 <input type="checkbox"/> Sofa/Bench A Other				
7 Total Seat Destruction (Multiple entry) 1 <input checked="" type="checkbox"/> Impact (Go to block 30) 2 <input type="checkbox"/> Fire (Go to block 30) A Other	8 Seat Anchored 1 <input type="checkbox"/> Bulkhead/wall 2 <input type="checkbox"/> Floor A Other	9 Seat Primary Structure 1 <input type="checkbox"/> Tube 2 <input type="checkbox"/> Sheet metal 3 <input type="checkbox"/> Composite 4 <input type="checkbox"/> Wood 5 <input type="checkbox"/> Metal Castings A Other	10 Energy Absorbing Features 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	11 Evidence of Fire/Heat Damage (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cushions/covers 3 <input type="checkbox"/> Structure 4 <input type="checkbox"/> Restraints A Other

Seat Installation/Damage/Displacement

12 Seat Impact Damage 1 <input type="checkbox"/> None (Omit 15-28 type impact damage)	A Installed				C Type Impact Damage (Multiple entry)							E Direction of Seat Displacement (Multiple entry)							
	1	2	3	B	1	2	3	4	5	6	D	1	2	3	4	5	6	7	F
13 Seat Displacement 1 <input type="checkbox"/> None (Omit 15-28 direction of seat displacement)	No	Yes	Improper Installation	Other	None	Bent	Distorted/Buckled	Collapsed	Partially Separated	Separated	Other	None	Forward	Rearward	Left	Right	Up	Down	Other
Seat Component (Complete only pertinent items)																			
15 Pedestal																			
16 Enclosure																			
17 Back Frame																			
18 Seat Pan																			
19 Pan Frame																			
20 Legs																			
21 Leg Attach Fittings																			
22 Seat Attach Fittings																			
23 Structural Attach Fittings, Floor																			
24 Structural Attach Fittings, Wall																			
25 Seat Track																			
26 Arm Rest																			
27 Seat Back Tray																			
28 Head Restraint																			

Restraint System Information

30 <input type="checkbox"/> Totally Destroyed (Go to block 46)			
31 Restraint System Manufacturer PIPER A Other	32 Restraint System TSO 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	33 Restraint System Design 1 <input type="checkbox"/> 2-point 2 <input checked="" type="checkbox"/> 3-point 3 <input type="checkbox"/> 4-point 4 <input type="checkbox"/> 5-point A Other	34 Type Release/Buckle 1 <input checked="" type="checkbox"/> Metal to metal 2 <input type="checkbox"/> Fabric/pull thru A Specify _____ B Other

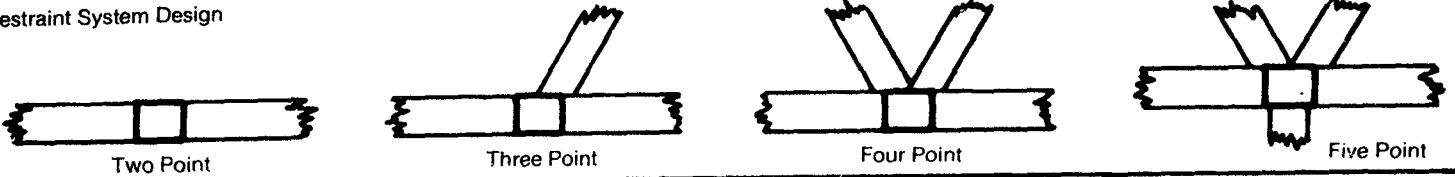
**National Transportation Safety Board
FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

F I T W 8 7 F A 0 8 8

Supplement L—Seat Restraint System and Fuselage Deformation (continued)

Restraint System Design



Component	A Installed			C Fire Damage			E Evidence of Use			G Location of Anchor Points						
	1	2	B	1	2	D	1	2	F	1	2	3	4	5	H	
	Yes	No	Other	Yes	No	Other	Yes	No	Other	Seat	Wall	Floor	Ceiling	Bulkhead	Other	
35 Lapbelt	X				X		X					X				
36 Shoulder Harness	X				X			X			X					
37 Inertia Reel		X														
38 Tiedown Strap		X														

Component	A	B Webbing/Stitching			C Restraint Attach Fittings					D Seat/Structure Attach Fittings				
	1	1	2	3	1	2	3	4	5	1	2	3	4	5
	No Damage	Destroyed	Partially Separated	Separated	No Damage	Destroyed	Bent	Partially Separated	Separated	No Damage	Destroyed	Bent	Partially Separated	Separated
39 Lapbelt		X												
40 Shoulder Harness	X													

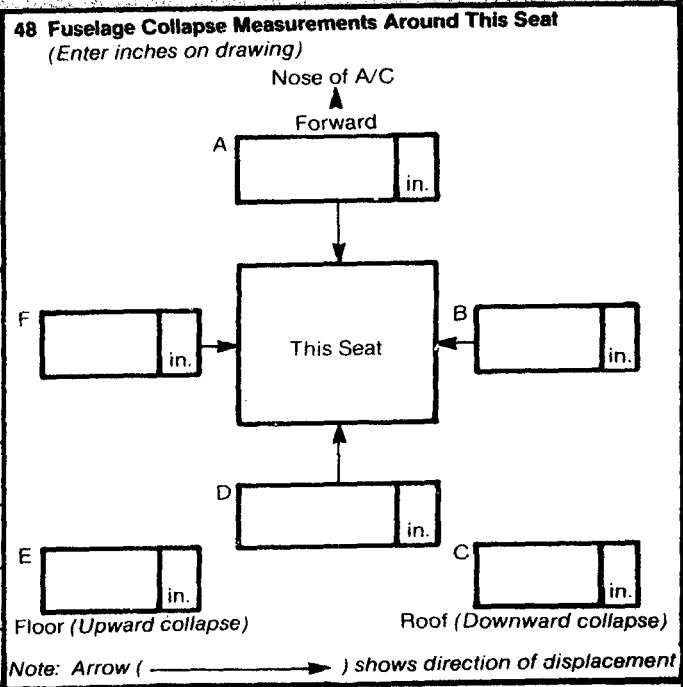
41 Other Damage—Release Buckle 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other	42 Other Damage—Tie Down Strap 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other	43 Other Damage—Inertia Reel 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No A Other
--	---	---

Fuselage Deformation Around This Seat

46 Fuselage Collapse Around This Seat
 1 None
 2 Collapse
 3 Disintegrated/Incinerated
 A Other

47 Interior Surface Damage To This Seat
 1 Yes
 2 No
 A Other

Cabin/Interior Deformation Around This Seat (Select codes from list below)	A Direction of Deformation							B
	1 Forward	2 Rearward	3 Left	4 Right	5 Up	6 Down	Other	
50 Code _____								
51 Code _____								
52 Code _____								
53 Code _____								



National Transportation Safety Board

FACTUAL REPORT
AVIATION

NTSB Accident/Incident Number

FITW1817FIA101818

Supplement L. Seat, Restraint System and Fuselage Deformation (continued)

(Codes to be used in 50-53 above)

- | | |
|-------------------------------|---------------------------------|
| 01 Windshield | 16 Fuselage framing/structure |
| 02 Windshield frame | 17 Table |
| 03 Window | 18 Seat |
| 04 Window frame | 19 Seatback tray |
| 05 Instrument panel | 20 Restraints—seatbelt/tiedown |
| 06 Side console | 21 Restraints—shoulder harness |
| 07 Center console | 22 Unsecured item(s) in cockpit |
| 08 Control stick/cyclic stick | 23 Unsecured item(s) in cabin |
| 09 Collective | 24 Other occupants |
| 10 Control yoke/column | 25 Ground/runway |
| 11 Throttle quadrant/levers | 26 Unsecured seat(s) |
| 12 Rudder pedals | 27 Galley item(s) |
| 13 Ceiling | 28 Other interior objects |
| 14 Sidewall | 29 Door/hatches |
| 15 Floor | |