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.

 $\it Runway:$ 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.

NTSB Form 6120.1 (rev. 9/2013). This form replaces 6120.1/2.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

BASIC			· · · · · · ·	<u> </u>			-						
	t/Incident Loc						A	cident/Incid	ent Date/	Fime			
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							Da	te:	l/yyyy	L0	cai i inte		
ZIP: Country: Latitude: Longitude:									Ti	me Zone: _			
			legrees:minutes:see				C	ollision with	Othon Ain	anaft.	Midair	On aroun	d None
,	(C	Diffsion with	Other Air	crait:	wituali	On-groun	d None
AIRCR	AFT INFO	RMATIO	N				1						
Registra	tion Number:								ped and Ce				
Manufac	cturer:							Unmanned	al Space Fli l Aircraft	ght			
Model: _							Μ	laximum Gr	oss Weigh	t:		lbs	
Serial Nu	umber:							eight at Tin					lbs
Year of N	Manufacture:						N	umber of Se	ats:		Flight Cre	ew Seats:	
Amateur	r- Built: Yes	If Yes:	Kit/Plans Ma	ke:				abin Crew Seat					
	No		Original Design				N	umber of En	gines:				
Category	y of Aircraft	• •	irworthiness Ce	ertificate		Landing Ge				Engine	e Type (Se		
Airplan Balloor		(Check all t	11 .			(Check all the	-	<i>pply)</i> ractable			procating		d Rocket Rocket
	n Dirigible	Norma		ted			Ret				o Shaft o Prop		id Rocket
Glider	C	Aerob				Tricycle		13	ailwheel		o Jet	None	
Gyropl Helicop		Balloo				Amphibia			igh Skid	Turbo Fan Unkno		own	
Powere		Comm Transp		al Flight Emerge imental Float			cy Float Skid Eleo Ski			ctric			
Rocket	İ.	Utility	1	al Light-Sport Hull			Ski/Wheel Fuel System Type (Recip.				(Reciprocation	1 0)	
Ultralig	0		Experi	imental Light-Sport Other Li						•	arburetor Fuel-Injected		0.5
Unknov	wn		e of Authorization		(COA)		uner			curo	areter	i dei	injected
		None		Unknown	1	None			nknown Rated Pow		Total	T:	Since:
			Engine		Manuf	acturer's		Date of Mfg.		ower or		Inspection	
	Engine Manufa	cturer	Model/Series		Serial I	Number		mm/dd/yyyy	lbs of	Thrust	(hours)	(hours)	(hours)
Eng. 1													
Eng. 2													
Eng. 3													
Eng. 4				Propell	er 1	Fixed P	Pitch	1	Pron	eller 2		Fixed Pitch	
	pection Type			Contro				llable Pitch Controllabl			Controllable		
100-Hou AAIP		inuous Airwo litional Inspec		Ground								Ground Adju	
Annual		nown											
Date Las	st Inspection:					Yes	No					Check all that	
		mm/dd/yy	••	ELT In	staneu:	res	INO			S-B	ipment (арріу)
	e Total Time:		hrs		If Yes: ADS-B ADS-B Airframe Parachute Angle of Attack Indicator								
	measured at (S		coident/Incident	Model or	r Part No	.:					ck Indicato	r	
TSO No.: C91 (121.5 MHz						91a (121.5 MHz		opilot a Recorde	r				
Type of Maintenance Program (Select one) C126 (406 MHz)				6 (406 MHz)						Handheld De	vice		
Annual Conditional (Amateur-built only) Was ELT still mounted in						Yes No	E1-		Itifunction				
Manufacturer's Inspection Program Was ELT still connected to an						? Yes No		dheld GP	mary Fligh S	t Display			
Other Approved Inspection Program (AAIP) Did ELT Activate? Yes					No			ds Up Dis					
	uous Airworthin specify:	ess		5		ocating Aircra	ft:	Yes No		oard Wea		-	
	ion of Fire Ex	tinguishing	System		ctivated:				Salo	l Warning	king Devic System	5	
None	AON OF FILT EA	unguisining	system	Indicate		Impact Da	mag	te	Vid	eo Record	ing Device	:	
Specif	ý:					Fire Dama	ge	·	Oth	er, Specify	y:		
						Battery Ex Unknown		d/Damaged					
				1		UIKIIOWI							

OWNER/OPERATOR INFORMA	ATION						
Registered Aircraft Owner		City:					
Name:							
Fractional Ownership Aircraft: Yes		Country:					
-							
1	gistered Owner	Same Address as Registered Owner					
Name:		City:					
Doing Business As:		State: ZIP:					
Air Carrier/Operator Designator (4 Characte	er Code):	Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133)	FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR	AR 415 Scheduled or Commuter Domestic AR 431 Non-Scheduled or Air Taxi International AR 435 AR 437 Passenger Cargo					
Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	Non-US, Commercial Non-US, Non-commercial	Mail Contract Only					
Commercial Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License	Public Aircraft <i>(Select one)</i> Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) Aerial Application Firefighting Unknown Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional Instructional	n				
Other Operator of Large Aircraft	Unknown	Banner Tow Other Work Use Business Personal					
		BusinessPersonalExecutive/CorporatePositioning					
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydiving Ferry					
Yes No	Yes No	10.5					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	approach, landing, takeoff, departure, or within 3 miles of an airport	t)				
Airport Name:			,				
Airport Identifier:		Direction From Airport Center					
Proximity to Airport: Off Airport/Airstri	p On Airport/Airstrip N/A						
v k 1 .							
Runway Information		Condition of Runway/Landing Surface (Check all that apply)					
Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that a class) Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	dam Water I/Wood	DrySnow-CompactedWater-CalmHolesSnow-CrustedWater-ChoppyIce CoveredSnow-DryWater-GlassyRoughSnow-WetWetRubber DepositsSoftSlush-CoveredVegetationUnknown					
Approach/Departure Segment (Select one))						
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument Ap edure/Clearance Landing	ApproachDownwindLow ApproachBaseGo AroundFinalAborted Landing (after touchdown)CrosswindUnknown					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	-				
None		None					
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLS Practice LDA GPS ASR Visual Contact Circling Unknown	Traffic PatternStop and GoStraight-InTouch and GoValley/Terrain FollowingSimulated Forced LandingGo AroundForced LandingFull StopPrecautionary LandingUnknownUnknown					

"FLIGHT CREWMEN	MBER 1" INF	ORMATIC	ON							
"Flight Crewmember 1" R Pilot Co-Pilot		the Time of		c ident Check Pilot	Flig	ht Engineer	Other 1	Flight Crew		
"Flight Crewmember 1" w	as pilot flying	Yes N	lo							
"Flight Crewmember 1" Io	dentification									
First Name:				(City of Re	esidence:				
Middle Initial:					state:			ZIP:		
Last Name:										
	of Accident/Incide									
			ertificate Num							
Degree of Injury	Seat Occup				traint T	vne			Inflatable I	Dostroints
None Fatal	Left	Front	Unknov			-	TT			xesti aints
Minor Unknown Serious	Right Center	Rear Single			Availabl None Lap c		Used None Lap onl	y	Not Ins Installe	
Pilot Certificate(s) (Check	all that apply)				3-poi	nt	3-point		Not De	
e		Commercial	US M		4-poi 5-poi		4-point 5-point		Deploy Unknov	
Private Recre Student Sport		Airline Transpo Flight Enginee		n	Unkn		Unknov			
Student Sport	-	i light Englide	1							
Principal Occupation	Medical Certific	ate		Me	dical Ce	rtificate Va	lidity		Date of Las	st Medical
Pilot	None	Class 3				nitations/wai		nknown		
Other Unknown	Class 1 Class 2	Driver's Lice Unknown	nse (Sport Pilot	omy)	vith limita special Iss	ations/waivers uance	s N	//A	mm/dd/yyyy	
Medical Certificate Limita	tions									
Medical Certificate Specia	l Issuance									
Date of Last Flight Review or Equivalent, Including	7	-	Review Airc							
FAR 121/135 Checks:										
	mm/dd/yyyy	Model								
Airplane Rating(s)	Other Aircraf (Check all that a			ent Rating(s))		r Rating(s)			
(Check all that apply) None	None	(ppiy)	(Check al None	l that apply)		(Check all a None	that apply)		Instrument	Airplane
Single-Engine Land	Airship		Airpla	ne			e Single-Eng	ine	Instrument	
Single-Engine Sea Multiengine Land	Balloon Glider		Helico	opter ed Lift		Airplan Gyropla	e Multi-Engi	ne	Helicopter	
Multiengine Sea	Gyroplane		Power	ed Litt		Powere			Glider Sport	
·	Helicopter								- F	
Type Ratings	Powered Lift					Student E	Indorsomo	to Analuda	dataa)	
Type Katings						Student P	Lndorsemei	nts (Include	aates)	
Flight Time (Enter appropria	ite All	This Make	Airplane	Airplane		Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days									ļ	
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Re	esponsibilities at th			ident						
Pilot Co-Pilot	Student Pilot	Flight In	structor	Check Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" wa	as pilot flying	Yes	No							
"Flight Crewmember 2" Id	entification									
First Name:				Ci	ty of Re	sidence:				
Middle Initial:								IP:		
Last Name:										
	Accident/Incident:				Junu y.	mm	/dd/yyyy		· · · · · · · · · · · · · · · · · · ·	
Age at time of	Accident/ incluent.		tificate Numb				, aa, yyyy			
Degree of Injury	Seat Occupied				traint T	wne			Inflatable R	astraints
None Fatal	Left	Front	Unknow							
Minor Unknown Serious	Right Center	Rear Single			Availab None Lap	e	Used None Lap only	I	Not Inst Installed	
Pilot Certificate(s) (Check a	ll that apply)				3-po	2	3-point	,	Not Dep	oloyed
None Flight		nmercial	US Mi		4-po 5-po		4-point 5-point		Deploye Unknov	
Private Recrea Student Sport		line Transpo ght Engineer		1		nown	Unknow	'n	UIKIOV	V11
Student Sport	1 112	giit Eligineei								
Principal Occupation	Medical Certificate	e		Med	lical Ce	ertificate Va	lidity	1	Date of Las	t Medical
Pilot		lass 3				mitations/waiv		nknown		
Other Unknown		river's Licer nknown	nse (Sport Pilot		/ith limit pecial Iss	ations/waivers	s N	/A	mm/dd/yyyy	
Medical Certificate Limitat					1					
With the set the set the set the set of the	.10115									
Medical Certificate Special	Issuance									
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Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		U								
FAR 121/135 Checks:	(11)									
	mm/dd/yyyy					.	D (1)			
Airplane Rating(s) (Check all that apply)	Other Aircraft R (Check all that appl			ent Rating(s) that apply)		Instructor (Check all th				
None	None	<i>y)</i>	None	inai appiy)		None	ai appiy)		Instrument A	imlane
Single-Engine Land	Airship		Airplar	ne		Airplane	Single-Engin	ie	Instrument H	
Single-Engine Sea Multiengine Land	Balloon		Helicop			1	Multi-Engine		Helicopter	
Multiengine Sea	Glider Gyroplane		Powere	ed Lift		Gyroplan Powered			Glider Sport	
	Helicopter					Towered	Lint		oport	
	Powered Lift					~				
Type Ratings						Student Er	idorsement	s (Include d	ates)	
		I	Airplane			Inst	rument			
Flight Time (Enter appropria number of hours in each box)		his Make	Single	Airplane Multionging	Niaht			Dotononoft	Clider	Lighter
Total Time	Aircraft	& Model	Engine	Multiengine	Night	t Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)										
Time as Instructor	+								1	
This Make/Model										
Last 90 Days										
Last 30 Days	+								1	
Last 24 Hours										
Last 24 110015					1					

ADDITIONAL FLIC	HI CREWME	MBERS (E	Exclusive	e of cabin cr	ew, complete	the followin	g information)			
Crew Name and Addr	ess						Seat Occupie	d	Injury	
First Name:		City	of Resider	nce:			Left	Front Rear	None	
Middle Initial:	Initial: State: ZIP:						Center Right	Single	Minor Serious	
Last Name:	Last Name: Country:						U	Unknown	Fatal	
									Unknown	
Pilot Certificate(s) (Ch	heck all that apply)						Restraint Ty Available	pe: Used	Inflatable Restraints	
None	Flight Instructor	-	mercial		Military		None	None	Not Installed	
Private Student	Recreational Sport		ine Transp ht Enginee		eign		Lap Only 3-point	Lap Only 3-point	Installed	
Student	Sport	i ng.					4-point	4-point	Not Deployed	
Type Rating/Endorse	ment for		Total Fl	ight Time at	t the Time		5-point	5-point Unknown	Deployed Unknown	
Accident/Incident Air	craft? Yes	No	of this A	Accident/Inci	ident:	hrs	Unknown	Olikilowii		
Crew Name and Addr	·ess						Seat Occupie	d	Injury	
First Name:		City	of Resider	nce:			Left	Front	None	
Middle Initial:					ZIP:		Center Right	Rear Single	Minor Serious	
Last Name:							Kigitt	Unknown	Fatal	
			·						Unknown	
Pilot Certificate(s) (Ch	heck all that apply)						Restraint Ty		Inflatable	
None	Flight Instructor		mercial		Military		Available None	Used None	Restraints	
Private	Recreational		ine Transp		reign		Lap Only	Lap Only	Not Installed Installed	
Student	Sport	Filgi	ht Enginee	er			3-point 4-point	3-point 4-point	Not Deployed	
Type Rating/Endorse	ment for			ight Time a			5-point	5-point	Deployed	
Accident/Incident Air				.ccident/Inci	dent:	hrs	Unknown	Unknown	Unknown	
PASSENGER(S) /	OTHER PERS	ONNEL (I	nclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
PASSENGER(S) / Name and Address	OTHER PERS	ONNEL (I	nclude c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T	уре	Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T Available	ype Used	Restraints		
Name and Address	City :			Seat Left	Injury None	Restraint T	ype Used None	Restraints Not Installed	Age Under 5 years	
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat	Injury None Minor Serious	Restraint T Available None Lap Only 3-point	ype Used None Lap Only 3-point	Restraints Not Installed Installed Not Deployed	Under 5 years	
Name and Address	City : State:			Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	ype Used None Lap Only 3-point 4-point	Restraints Not Installed Installed Not Deployed Deployed	Under 5 years I <i>If Under 5,</i> Child Restraint	
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Name and Address First Name: Middle Initial: Last Name: Crew	City : State: Country: Passenger	ZIP: Oth	 	Seat Left Center Right Unknown	Injury None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	ype Used None Lap Only 3-point 4-point 5-point Unknown Used	Restraints Not Installed Installed Not Deployed Deployed	Under 5 years I <i>If Under 5,</i> Child Restraint Lap-Held	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : State: Country: Passenger City : State:	_ ZIP: Oth	ner	Seat Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown None Minor	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	ype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed	Under 5 years I <i>If Under 5</i> , Child Restraint Lap-Held Unknown Under 5 years	
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Crew First Name: Crew First Name: First Name:	City : State: Country: Passenger City : State: Country: Passenger City : State: City : State:	ZIP: Oth	ner	Seat Left Center Right Unknown Row: Left Center	Injury None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	ype 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 Used None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Installed Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years	

FLIGHT ITINERARY I	NFORMATIO	N							
Last Departure Point	Tim	e of Departure	Destination	on		Type Flight	t Plan Fi	led	
Airport ID:			Airport ID:			None		VFR	/IFR
City:	Time	:				Company		IFR	
State:		Zone:				Military V VFR	FK	Unkr	lown
Country:						Activated?	Yes	No	Unknown
Type of ATC Clearance/Serv		apphy)							
	Special VFR		cial IFR		VFR Flight Foll	owing	Cruise		
	IFR	1	R On Top		Traffic Advisory			own / NA	1
Airspace where the accident	/incident occurred	(Check all that	apply)				Altitud	o of In	Flight
-	Class G	Mil	itary Operations	· /	Special		Occurr		riigiit
	Demo Area		port Advisory A	rea	Air Traffic Cont Unknown	rol Area	occuri	chee.	Ω
	Warning Area Prohibited Area	TRS	Training Area		Unknown				ft msl
	Restricted Area		R 93						
WEATHER INFORMA	TION AT THE	ACCIDEN	T/INCIDEN	IT SITE					
Source of Pilot Weather Info	ormation			Weather Obs	ervation Facility				
(Check all that apply)				Facility ID:					
National Weather Service	Com				ne:				
Flight Service Station TV/Radio	Milit	2							
Automated Report	None				.ccident Site:				
Commercial Weather Service	(DUATS) Unki	nown					_		
On-Board Weather		L'alt Carlie	· · ·	Direction from F	Accident Site:		_ degrees t	rue	
Basic Conditions		Light Conditi		Dark	Night Ur	known			
VMC IMC		Dawn Day	Dusk Night	Dark Bright	t Night	IKHOWH			
Unknown			Tught	6					
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:	(C) or		(F)
Clear	Thin Broken	None (Clear)	I	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	eight	Ceiling Heigh	t			or	MB		
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts	1	Visibility				
Variable	Calm		Not Gusti						
variable	Light and Varia	ıble	Not Gusti	18		:	feet		
-or-	-or-		-or-		RVV	:	miles		
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitu	de:		ft	
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to	Visibility (Cl	heck all th	at apply)	
Light	None	Drizzle	Freezin		None		og		
Moderate Heavy	Rain	Ice Pellets Snow Pellet	Snow S	hower ets Shower	Blowing Du Blowing Sa		round Fog aze	3	
N/A	Snow Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog		
Unknown	Rain Showers	Ice Crystals		0	Blowing Sp	2	moke		
					Dust	U	nknown		
Icing Forecast Amount Type		Icing Actual	T		Turbulence	11 db ad anna ba)	C		
AmountTypeNoneN/A		Amount None	Type N/A		Type (Check a None	li that apply)		erity Jight	
Trace Rime		Trace	Rime	2	Clear Air			Ioderate	
Light Clear Moderate Mixed		Light Moderate	Clear Mixe		Terrain-Indu Convective			evere xtreme	
Moderate Mixed Severe Unknow	'n	Severe	Unki		Convective	I ulbulelice	Ľ	xueme	
Unknown		Unknown							
NOTAMs (D and FDC), A	ARMETS, SIGN	IETs. PIREPs	s in effect at	the time of th	e accident/inci	dent:			
	-,~-=	,				-			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage None

Minor

Substantial Destroyed Unknown Aircraft Fire None In-Flight On-Ground

Both Ground and In-Flight Fire at Unknown Time Unknown Aircraft Explosion None In-Flight On-Ground

Both Ground and In-Flight Explosion at Unknown Time Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

RECOMMENDATION (How	v could this accid	ent/incident hav	ve been prev	vented?)			
Operator/Owner Safety Recomm							
MECHANICAL MALFU				and and			
Was there Mechanical Malfun		Yes No	e space is n	eedea, com	inue on separa	ale sheel)	Total Time/Cycles
(If yes, list the name of the part, man			cribe the failu	re.)			On Part
							Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							Inspected/Over naured
							Hours
FUEL & SERVICES INF							
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		el Type 30/87	115/145		Jet B	Other specif	ý
	Callana	100 Low Lead	Jet A		JP8	other, speen	<i>y</i>
Other Services, if Any, Prior to		100/130	Jet A-1		Automotive		
Other Services, if Ally, Frior u	Departure						
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircraft pe	erformed?	Yes	No			
Method of Exit – Describe how	the occupants exi	ted and how man	ny occupants	s evacuated	each location		
OTHER AIRCRAFT – C	OLLISION (If	air or ground c	ollision occ	urred, com	plete this section	on for <i>other</i> ai	rcraft)
Aircraft Registration Number	Manufacturer:						Damage to Other Aircraft
	Model:						Destroyed Minor Substantial None
Registered Owner of Other Air	rcraft			Pilot of O	ther Aircraft		
Name:				Name:			
City:ZIP:				City:			
				State:		_ZIP:	

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

Date of this Report	of this Report Name of Pilot/Operator:										
	Signature	:									
mm/dd/yyyy	or Check here to electronically sign this document										
If a Person Other than Pilot/Operator is Filing Report											
Name: Title:											
Signature:											
or C	or Check here to electronically sign this document										
FOR NTSB USE ONLY											
NTSB Accident/Incid ERA24LA295	lent No.	Reviewed by NTSB Regional Office AS-ERA	Name of Investigator L. Stratton	Date Report Received 07/18/2024							