

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location		Accident/Incident Date/Time	
Nearest City/Place: _____ State: _____		Date: _____ Local Time: _____	
ZIP: _____ Country: _____		mm/dd/yyyy HH:MM	
Latitude: _____ Longitude: _____		Time Zone: _____	
(Enter in decimal degrees or degrees:minutes:seconds)		Collision with Other Aircraft: Midair On-ground None	

AIRCRAFT INFORMATION

Registration Number: _____	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft
Manufacturer: _____	
Model: _____	Maximum Gross Weight: _____ lbs.
Serial Number: _____	Weight at Time of Accident/Incident: _____ lbs.
Year of Manufacture: _____	Number of Seats: _____ Flight Crew Seats: _____
Amateur-Built: Yes <i>If Yes:</i> Original Design No Kit/Plans Make: _____	Cabin Crew Seats: _____ Passenger Seats: _____
	Number of Engines: _____

Category of Aircraft <i>(Select one)</i>	Type of Airworthiness Certificate <i>(Check all that apply)</i>	Landing Gear <i>(Check all that apply)</i>	Engine Type <i>(Select one)</i>
Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Standard Normal Aerobatic Balloon Commuter Transport Utility Certificate of Authorization or Waiver (COA) None Special Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport Unknown	Retractable Tricycle Tailwheel Emergency Float Float Amphibian Other Launch/Recovery System None High Skid Skid Ski/Wheel Hull Ski Unknown	Reciprocating Turbo Shaft Turbo Prop Turbo Jet Turbo Fan Electric Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type <i>(Reciprocating)</i> Carburetor Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. <i>(mm/dd/yyyy)</i>	Rated Power Horsepower or Lbs. of Thrust	Total Time <i>(hours)</i>	Time Since: Inspection <i>(hours)</i>	Overhaul <i>(hours)</i>
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP Annual Continuous Airworthiness Condition Inspection Unknown Date of Last Inspection: _____ <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs Hours measured at <i>(Select one)</i> Last Inspection Time of Accident/Incident	Additional Equipment <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Autopilot/FMS, Model _____ <input type="checkbox"/> Coupled Flight Director <input type="checkbox"/> Data Recorder <input type="checkbox"/> Device Stall Warning System <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Flight Management System <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Night Vision Goggles <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Primary Flight Display <input type="checkbox"/> SAS, Number of Axes: _____ Model: _____ <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Wire Strike Detection <input type="checkbox"/> Wire Strike Protection <input type="checkbox"/> Other, Specify: _____
	ELT Installed: Yes No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT activate? <input type="radio"/> Yes <input type="radio"/> No <i>If activated: Did ELT aid in locating aircraft?</i> Yes No <i>If not activated: Indicate Reason:</i> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Type of Maintenance Program <i>(Select One)</i> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____ Description of Fire Extinguishing System None Specify: _____	

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Fractional Ownership Aircraft: Yes No

Operator of Aircraft

The Operator is also the Registered Owner

Same address as Registered Owner

Name: _____
 City: _____ State: _____
 ZIP: _____ Country: _____

Doing Business As: _____
 Air Carrier/Operator Designator (4-character code): _____

<p>Operating Certificates Held <i>(Check all that apply)</i></p> <p>None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand 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 Other Operator of Large Aircraft</p>	<p>Regulation Flight Conducted Under</p> <table style="width:100%;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> <tr> <td></td> <td></td> <td>FAR 450</td> </tr> </table> <p>FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial</p> <p>Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown</p>	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437			FAR 450	<p>Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i></p> <table style="width:100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> <p>Passenger Cargo Mail Contract Only</p>	Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International
FAR 91	FAR 129	FAR 415																			
FAR 103	FAR 133	FAR 431																			
FAR 121	FAR 135	FAR 435																			
FAR 125	FAR 137	FAR 437																			
		FAR 450																			
Scheduled or Commuter	Domestic																				
Non-Scheduled or Air Taxi	International																				
<p>Revenue Sightseeing Flight</p> <p>Yes No</p>		<p>Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i></p> <table style="width:100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> </tr> <tr> <td>Business</td> <td>Personal</td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> </tr> <tr> <td>Ferry</td> <td>Unknown</td> </tr> </table>	Aerial Application	Firefighting	Aerial Observation	Flight Test	Air Drop	Glider Tow	Air Race/Show	Instructional	Banner Tow	Other Work Use	Business	Personal	Executive/Corporate	Positioning	External Load	Skydiving	Ferry	Unknown	
Aerial Application	Firefighting																				
Aerial Observation	Flight Test																				
Air Drop	Glider Tow																				
Air Race/Show	Instructional																				
Banner Tow	Other Work Use																				
Business	Personal																				
Executive/Corporate	Positioning																				
External Load	Skydiving																				
Ferry	Unknown																				
<p>Air Medical Flight</p> <p>Yes No</p>																					

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

<p>Airport Name: _____</p> <p>Airport Identifier: _____</p> <p>Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A</p>	<p>Distance From Airport Center: _____ sm.</p> <p>Direction From Airport: _____ degrees true</p> <p>Airport Elevation: _____ ft. MSL</p>
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<p>Runway Information</p> <p>Runway ID: _____ Length: _____ ft. Width: _____ ft.</p> <p>Runway/Landing Surface <i>(Check all that apply)</i></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Asphalt</td> <td><input type="checkbox"/> Grass/Turf</td> <td><input type="checkbox"/> Ice</td> <td><input type="checkbox"/> Snow</td> </tr> <tr> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Gravel</td> <td><input type="checkbox"/> Macadam</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Dirt</td> <td><input type="checkbox"/> Helideck</td> <td><input type="checkbox"/> Metal/Wood</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Elevated Heliport</td> <td><input type="checkbox"/> Helistop</td> <td><input type="checkbox"/> Off-site landing area</td> <td></td> </tr> </table>	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water	<input type="checkbox"/> Dirt	<input type="checkbox"/> Helideck	<input type="checkbox"/> Metal/Wood	<input type="checkbox"/> Unknown	<input type="checkbox"/> Elevated Heliport	<input type="checkbox"/> Helistop	<input type="checkbox"/> Off-site landing area		<p>Condition of Runway/Landing Surface <i>(Check all that apply)</i></p> <table style="width:100%;"> <tr> <td>Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>	Dry	Snow-Compacted	Water-Calm	Holes	Snow-Crusted	Water-Choppy	Ice Covered	Snow-Dry	Water-Glassy	Rough	Snow-Wet	Wet	Rubber Deposits	Soft		Slush-Covered	Vegetation	Unknown
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Approach/Departure Segment *(Select one)*

Taxi	VFR Departure	On Instrument Approach	Downwind	Low Approach
Takeoff	IFR Departure Procedure/Clearance	Landing	Base	Go Around
Initial Climb			Final	Aborted Landing (after touchdown)
			Crosswind	Unknown

<p>IFR Approach <i>(Check all that apply)</i></p> <p>None</p> <table style="width:100%;"> <tr> <td>ADF/NDB</td> <td>PAR</td> <td>MLS</td> <td>Practice</td> </tr> <tr> <td>SDF</td> <td>Sidestep</td> <td>LDA</td> <td>GPS</td> </tr> <tr> <td>VOR/TVOR</td> <td>ILS</td> <td>ASR</td> <td>Unknown</td> </tr> <tr> <td>VOR/DME</td> <td>Localizer Only</td> <td>Visual</td> <td></td> </tr> <tr> <td>TACAN</td> <td>LOC-back course</td> <td>Contact</td> <td></td> </tr> <tr> <td></td> <td>RNAV</td> <td>Circling</td> <td></td> </tr> </table>	ADF/NDB	PAR	MLS	Practice	SDF	Sidestep	LDA	GPS	VOR/TVOR	ILS	ASR	Unknown	VOR/DME	Localizer Only	Visual		TACAN	LOC-back course	Contact			RNAV	Circling		<p>VFR Approach <i>(Check all that apply)</i></p> <p>None</p> <table style="width:100%;"> <tr> <td>Traffic Pattern</td> <td>Stop and Go</td> </tr> <tr> <td>Straight-In</td> <td>Touch and Go</td> </tr> <tr> <td>Valley/Terrain Following</td> <td>Simulated Forced Landing</td> </tr> <tr> <td>Go Around</td> <td>Forced Landing</td> </tr> <tr> <td>Full Stop</td> <td>Precautionary Landing</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>	Traffic Pattern	Stop and Go	Straight-In	Touch and Go	Valley/Terrain Following	Simulated Forced Landing	Go Around	Forced Landing	Full Stop	Precautionary Landing		Unknown
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	Unknown																																				

“FLIGHT CREWMEMBER 1” INFORMATION

“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident

- Captain First Officer Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

“Flight Crewmember 1” was pilot flying Yes No

“Flight Crewmember 1” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy)
 Certificate Number: _____

Degree of Injury None Serious Unknown Fatal Minor	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
		Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown	

Pilot Certificate(s) (Check all that apply)

None Flight Instructor Commercial
 US Military Private Recreational
 Airline Transport Foreign Sport
 Student Flight Engineer

Supplemental Restraint, specify: _____

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Unknown Class 1 BasicMed Class 2 Driver’s License (Sport Pilot only)	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Limitations

Personal Flight Equipment (Check all that apply)

Fire resistant flight suit Helmet Laser protective visor/glasses Personal locator beacon(s) (PLB) Fire resistant gloves
 Helmet visor Night vision goggles Personal flotation Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multiengine Gyroplane Powered lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings and Applicable Logbook Endorsements	Student Endorsements (Include dates)
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Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

Captain First Officer Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy)
 Certificate Number: _____

Degree of Injury None Serious Unknown Fatal Minor	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
		Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown	

Pilot Certificate(s) (Check all that apply)
 None Flight Instructor Commercial
 US Military Private Recreational
 Airline Transport Foreign Sport
 Student Flight Engineer

Supplemental Restraint, specify: _____

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Unknown Class 1 BasicMed Class 2 Driver's License (Sport Pilot Only)	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical mm/dd/yyyy
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Medical Certificate Limitations	Medical Certificate Special Limitations
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Personal Flight Equipment (Check all that apply)
 Fire resistant flight suit Helmet Laser protective visor/glasses Personal Locator Beacon(s) (PLB) Fire resistant gloves
 Helmet visor Night vision goggles Personal flotation Other: _____

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
-------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

Airplane Rating(s) (Check all that apply) Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multiengine Gyroplane Powered lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings and Applicable Logbook Endorsements	Student Endorsements (Include dates)
---------------------------------------------------------	---------------------------------------------

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)

Additional Crewmember Information	Seat Occupied	Injury
First Name: _____ City of Residence: _____	Left Rear Center Single Right Unknown Front	None Minor Serious Fatal Unknown
Middle Initial: _____ State: _____ Zip: _____		
Last Name: _____ Country: _____		

Personal Flight Equipment (Check all that apply)

Fire resistant flight suit Helmet Laser protective visor/glasses Personal locator beacon(s) (PLB) Fire resistant gloves

Helmet visor Night vision goggles Personal flotation Other: _____

Pilot Certificate(s) (Check all the apply)	Restraint Type	Inflatable Restraints
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Crewmember Information	Seat Occupied	Injury
First Name: _____ City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Right <input type="radio"/> Unknown <input type="radio"/> Front	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____ State: _____ Zip: _____		
Last Name: _____ Country: _____		

Personal Flight Equipment (Check all that apply)

Fire resistant flight suit Helmet Laser protective visor/glasses Personal Locator Beacon(s) (PLB) Fire resistant gloves

Helmet visor Night vision goggles Personal flotation Other: _____

Pilot Certificate(s) (Check all the apply)	Restraint Type	Inflatable Restraints
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown

Type Rating/Endorsement for Accident/Incident Aircraft?	Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Supplemental Restraint, specify: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)

Number of Passengers _____					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____ State: _____ Zip: _____					<input type="checkbox"/> Under 5 years
Last name: _____ Country: _____	Row: _____				<i>If under 5 years,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other					
Personal Flight Equipment (Check all that apply)			Supplemental Restraint, specify: _____		
<input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> <p>Personal Flight Equipment (Check all that apply)</p> <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Supplemental Restraint, specify: _____	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If under 5 years,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> <p>Personal Flight Equipment (Check all that apply)</p> <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Supplemental Restraint, specify: _____	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If under 5 years,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> <p>Personal Flight Equipment (Check all that apply)</p> <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Supplemental Restraint, specify: _____	Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If under 5 years,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: _____ <i>HH:MM</i> Time Zone: _____	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	<input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> Certificate of Authorization	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA
				<input type="checkbox"/> None

Airspace where the accident/incident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	Facility ID: _____
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	Observation Time: _____
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	Time Zone: _____
<input type="checkbox"/> Automated Report	<input type="checkbox"/> None	Distance from Accident Site: _____ nm
<input type="checkbox"/> Electronic Flight Bag-Application:	<input type="checkbox"/> Unknown	Direction from Accident Site: _____ degrees true
<input type="checkbox"/> On-Board Weather		

Basic Conditions	Lowest Cloud Condition	Light Condition	
<input type="checkbox"/> VMC	_____ ft. AGL	<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk
<input type="checkbox"/> IMC		<input type="checkbox"/> Day	<input type="checkbox"/> Night
<input type="checkbox"/> Unknown		<input type="checkbox"/> Dark Night	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Bright Night	

Sky/Lowest Cloud Condition	Ceiling	Ceiling Height	Temperature: _____ (°C) or _____ (°F)
<input type="checkbox"/> Clear	_____ ft. AGL	_____ ft. AGL	Dewpoint: _____ (°C) or _____ (°F)
<input type="checkbox"/> Thin Broken			
<input type="checkbox"/> Few			
<input type="checkbox"/> Thin Overcast			
<input type="checkbox"/> Partial			
<input type="checkbox"/> Unknown			
<input type="checkbox"/> Obscured			
<input type="checkbox"/> Indefinite			
<input type="checkbox"/> Scattered			

Altimeter Setting:	Wind Direction	Wind Speed	Wind Gusts	Visibility
_____ (Hg), or _____ (mb)	<input type="checkbox"/> Variable	<input type="checkbox"/> Calm	<input type="checkbox"/> Not Gusting	_____ miles
	or	<input type="checkbox"/> Light and Variable	or	RVR: _____ feet
	Direction: _____	Speed: _____ kts	Speed: _____ kts	RVV: _____ miles
	degrees true			Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Drizzle	<input type="checkbox"/> Fog
<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Ground Fog
<input type="checkbox"/> Rain	<input type="checkbox"/> Blowing Dust
<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Blowing Sand
<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Blowing Snow
<input type="checkbox"/> Snow	<input type="checkbox"/> Ice Fog
<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Blowing Spray
<input type="checkbox"/> Hail	<input type="checkbox"/> Smoke
<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Unknown
<input type="checkbox"/> Freezing Drizzle	
<input type="checkbox"/> Rain Showers	
<input type="checkbox"/> Ice Crystals	

Icing Forecast	Intensity of Precipitation	Icing Actual	Turbulence (Check all that apply)		
Amount	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Amount	Type		
<input type="checkbox"/> None				<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Trace				<input type="checkbox"/> Trace	<input type="checkbox"/> Light
<input type="checkbox"/> Light				<input type="checkbox"/> Light	<input type="checkbox"/> Moderate
<input type="checkbox"/> Moderate				<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<input type="checkbox"/> Severe				<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme
<input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown	
Type			Severity		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	<input type="checkbox"/> Light		
<input type="checkbox"/> Rime		<input type="checkbox"/> Rime	<input type="checkbox"/> Moderate		
<input type="checkbox"/> Clear		<input type="checkbox"/> Clear	<input type="checkbox"/> Severe		
<input type="checkbox"/> Mixed		<input type="checkbox"/> Mixed	<input type="checkbox"/> Extreme		
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown			

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
<input type="radio"/> None	<input type="radio"/> Substantial	<input type="radio"/> None	<input type="radio"/> Both Ground and In-Flight	<input type="radio"/> None	<input type="radio"/> Both Ground and In-Flight
<input type="radio"/> Minor	<input type="radio"/> Destroyed	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time	<input type="radio"/> In-Flight	<input type="radio"/> Fire at Unknown Time
	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> Unknown	<input type="radio"/> On-Ground	<input type="radio"/> 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 location, services obtained, and intended destination. Provide as much detail as possible.

OPERATOR/OWNER SAFETY RECOMMENDATION (How could this accident/incident have been prevented?)

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/ Cycles On Part _____ Hours _____ Cycles
	Time Since This Part Inspected/Overhauled _____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ Gallons	Fuel Type <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> Automotive <input type="checkbox"/> Jet A-1 <input type="checkbox"/> Unleaded AV <input type="checkbox"/> Other, specify _____
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Other Services, if any, prior to departure:

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft.)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft: <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
 I understand that the information provided may be subject to public release.

Date of this report: _____ <i>mm/dd/yyyy</i>	Name of Pilot/Operator: _____ Signature: _____ -or- <input type="checkbox"/> Check here to electronically sign this document
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If a person other than Pilot/Operator is filing this report

Name: _____	Title: _____
Signature: _____	
-or- <input type="checkbox"/> Check here to electronically sign this document	

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
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