

NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

A blank version of this form, instructions for when to complete it, and information for how to return it are available at <https://www.nts.gov/Pages/aviationreport.aspx>. Forms may be returned via e-mail to notify@nts.gov or via post mail to NTSB, Office of Aviation Safety, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594. Completed forms should be returned within 10 days after an accident for which notification is required by 49 CFR § 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 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. Accordingly, the information provided herein may be subject to public release.** You need not complete this form unless it displays a valid OMB control number. See 5 C.F.R. § 1320.5(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. 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 which 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 fairings 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 30 days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization or 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

ALL questions must 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.

Date/Time: Indicate the date, local time of the event, and 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.

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 Chart Supplement or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used—including L, R, or C, if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/ incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR § 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form is to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION	
Accident/Incident Location Nearest City/Place: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: _____ Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____ Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None

AIRCRAFT INFORMATION	
Registration Number: _____ Manufacturer: _____ Model: _____ Serial Number: _____ Year of Manufacture: _____ Amateur-Built: <input type="radio"/> Yes <i>If yes:</i> <input type="radio"/> Original Design <input type="radio"/> No <input type="radio"/> Kit/Plans Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft <hr/> Maximum Gross Weight: _____ lbs. Weight at Time of Accident/Incident: _____ lbs. Number of Seats: _____ Flight Crew Seats: _____ 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>
<input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Standard <input type="checkbox"/> Normal <input type="checkbox"/> Acrobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Waiver or Authorization (COA) <input type="checkbox"/> None Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown	<input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Amphibian <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> High Skid <input type="checkbox"/> Skid <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Hull <input type="checkbox"/> Ski <input type="checkbox"/> Unknown	<input type="radio"/> Reciprocating <input type="radio"/> Turbo Shaft <input type="radio"/> Turbo Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric <input type="radio"/> Liquid Rocket <input type="radio"/> Solid Rocket <input type="radio"/> Hybrid Rocket <input type="radio"/> None <input type="radio"/> Unknown Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel Injected

Engine	Engine Manufacturer	Engine Model/Series	Engine Serial Number	Date of Mfg. <i>(mm/dd/yyyy)</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> 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 <input type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Condition Inspection <input type="radio"/> Unknown Date of Last Inspection: <i>(mm/dd/yyyy)</i> _____ Airframe Total Time: _____ hours Hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input type="radio"/> 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, Axis (circle one): 2, 3, 4, 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: _____
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Type of Maintenance Program (Select one) <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program <input type="radio"/> (AAIP) Continuous Airworthiness <input type="radio"/> Other, specify: _____ Description of Fire Extinguishing System	ELT Installed <input type="radio"/> Yes <input type="radio"/> No <i>If yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> 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	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch
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<input type="radio"/> None <input type="radio"/> Specify	If activated: Did ELT aid in locating aircraft? <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery <input type="checkbox"/> Expired/Damaged <input type="checkbox"/> Unknown	<input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
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OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____ **Fractional Ownership Aircraft:** Yes No

City: _____ State: _____

ZIP: _____ Country: _____

Operator of Aircraft *The Operator is also the Registered Owner* *Same address as Registered Owner*

Name: _____ Doing Business As: _____

City: _____ State: _____ Air Carrier/Operator Designator (4-character code): _____

ZIP: _____ Country: _____

<p>Operating Certificates Held <i>(Check all that apply)</i></p> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Waiver or Authorization (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<p>Regulation Flight Conducted Under</p> <input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 133 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 450 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-Commercial <input type="radio"/> Public Aircraft (Select one) <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<p>Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i></p> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only <p>Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i></p> <input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Aerial Observation <input type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry <input type="radio"/> Unknown
<p>Revenue Sightseeing Flight? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Air Medical Flight? <input type="radio"/> Yes <input type="radio"/> 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: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A</p>	<p>Distance from Airport Center: _____ sm.</p> <p>Direction from Airport: _____ degrees true</p> <p>Airport Elevation: _____ ft. MSL</p>
<p>Runway Information</p> <p>Runway ID: _____ Length: _____ ft. Width: _____ ft.</p> <p>Runway/Landing Surface <i>(Check all that apply)</i></p> <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> <input type="checkbox"/> Dry <input type="checkbox"/> Slow Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
<p>Approach/Departure Segment <i>(Select one)</i></p> <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> Unknown	

IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Traffic pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown
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“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 <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Restraint Type <table style="width:100%;"> <tr> <td style="width:50%;">Available</td> <td style="width:50%;">Used</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <input type="checkbox"/> Supplemental . Restraint type: _____	Available	Used	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only																
<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point																
<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point																
<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point																
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																
Pilot Certificate(s) (Check all that apply) <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"/> Sport <input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer		Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance															
Principle Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> BasicMed <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver’s License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Unknown	Date of Last Medical _____ mm/dd/yyyy															

Medical Certificate Limitations Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____	Medical Certificate Special Limitations 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) <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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 Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

“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 <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Restraint Type Available <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown Used <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Supplemental . Restraint type: _____	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply) <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"/> Sport <input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer		Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance	Date of Last Medical _____ mm/dd/yyyy

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: _____

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift <input type="checkbox"/> Balloon <input type="checkbox"/> Glider	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Gyroplane	<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider
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<input type="checkbox"/> Gyroplane Type Ratings and Applicable Logbook Endorsements	<input type="checkbox"/> Powered lift <input type="checkbox"/> Sport Student Endorsements (Include dates)
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Flight Time <i>(Enter hours for each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi-engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time												
Pilot-in-Command												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hrs.												

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

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____ Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ Pilot Certificate(s) (Check all the apply) <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 Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seat Occupied <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	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown																
Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Restraint Type <table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Supplemental.</td> <td><input type="radio"/> Unknown</td> </tr> </table> Restraint type: _____	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Supplemental.	<input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																	
<input type="radio"/> None	<input type="radio"/> None																	
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only																	
<input type="radio"/> 3-point	<input type="radio"/> 3-point																	
<input type="radio"/> 4-point	<input type="radio"/> 4-point																	
<input type="radio"/> 5-point	<input type="radio"/> 5-point																	
<input type="radio"/> Unknown	<input type="radio"/> Unknown																	
<input type="radio"/> Supplemental.	<input type="radio"/> Unknown																	

Additional Crewmember Information First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ Zip: _____ Last Name: _____ Country: _____ Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ Pilot Certificate(s) (Check all the apply) <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 Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seat Occupied <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	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown																
Total Flight Time at the Time of this Accident/Incident: _____ hrs.	Restraint Type <table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Supplemental.</td> <td><input type="radio"/> Unknown</td> </tr> </table> Restraint type: _____	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	<input type="radio"/> Supplemental.	<input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																	
<input type="radio"/> None	<input type="radio"/> None																	
<input type="radio"/> Lap Only	<input type="radio"/> Lap Only																	
<input type="radio"/> 3-point	<input type="radio"/> 3-point																	
<input type="radio"/> 4-point	<input type="radio"/> 4-point																	
<input type="radio"/> 5-point	<input type="radio"/> 5-point																	
<input type="radio"/> Unknown	<input type="radio"/> Unknown																	
<input type="radio"/> Supplemental.	<input type="radio"/> Unknown																	

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: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flights <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 <input type="radio"/> Supplemental. Restraint type: _____ 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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flights <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 <input type="radio"/> Supplemental. Restraint type: _____ 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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flights <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 <input type="radio"/> Supplemental. Restraint type: _____ 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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flights <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 <input type="radio"/> Supplemental. Restraint type: _____ 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="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> 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 <input type="radio"/> Supplemental. Restraint type: _____	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 If under 5 years, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Personal Flight Equipment (Check all that apply) <input type="checkbox"/> Fire resistant flights <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: _____						

FLIGHT ITINERARY INFORMATION

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

Type of ATC Clearance/Service (Check all that apply) None

<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

Type of ATC Clearance/Service (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	Altitude of In-Flight Occurrence: _____ ft. MSL
<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		

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"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Electronic Flight Bag-Application: _____ <input type="checkbox"/> On-Board Weather	<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown
	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Lowest Cloud Condition Height _____ ft. AGL
Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
Sky/Lowest Cloud Condition	Ceiling
	Ceiling Height _____ ft. AGL

<input type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Overcast Obscured <input type="radio"/> Indefinite Obscuration <input type="radio"/> Unknown or Scattered	<input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	<input type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast	Temperature: _____ (°C) or _____ (°F) Dewpoint: _____ (°C) or _____ (°F)																																								
Altimeter Setting: _____ Hg or _____ mb	Wind Direction <input type="checkbox"/> Variable or Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable or Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting or Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft.																																							
Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle			Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown																																								
Icing Forecast <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount</td> <td style="width: 50%;">Type</td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Icing Actual <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount</td> <td style="width: 50%;">Type</td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Type</td> <td style="width: 50%;">Severity</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clean Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective</td> <td><input type="checkbox"/> Extreme</td> </tr> <tr> <td><input type="checkbox"/> Turbulence</td> <td></td> </tr> </table>	Type	Severity	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clean Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective	<input type="checkbox"/> Extreme	<input type="checkbox"/> Turbulence	
Amount	Type																																										
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<input type="radio"/> Severe	<input type="radio"/> Unknown																																										
<input type="radio"/> Unknown																																											
Type	Severity																																										
<input type="checkbox"/> None	<input type="checkbox"/> Light																																										
<input type="checkbox"/> Clean Air	<input type="checkbox"/> Moderate																																										
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																										
<input type="checkbox"/> Convective	<input type="checkbox"/> Extreme																																										
<input type="checkbox"/> Turbulence																																											
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:																																											

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Substantial <input type="radio"/> Destroyed <input type="radio"/> Unknown	Aircraft Fire <input type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground <input type="radio"/> Both Ground and In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> Unknown	Aircraft Explosion <input type="radio"/> None <input type="radio"/> In-Flight <input type="radio"/> On-Ground <input type="radio"/> Both Ground and In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> Unknown
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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.)

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

FUEL & SERVICES INFORMATION

<p>Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> _____ Gallons</p>	<p>Fuel Type</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> 100 Low Lead</td> <td><input type="radio"/> Jet A</td> <td><input type="radio"/> Unleaded AV</td> </tr> <tr> <td><input type="radio"/> Automotive</td> <td><input type="radio"/> Jet A-1</td> <td><input type="radio"/> Other, specify _____</td> </tr> </table>	<input type="radio"/> 100 Low Lead	<input type="radio"/> Jet A	<input type="radio"/> Unleaded AV	<input type="radio"/> Automotive	<input type="radio"/> Jet A-1	<input type="radio"/> Other, specify _____
<input type="radio"/> 100 Low Lead	<input type="radio"/> Jet A	<input type="radio"/> Unleaded AV					
<input type="radio"/> Automotive	<input type="radio"/> Jet A-1	<input type="radio"/> Other, specify _____					

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.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
 By signing this form, I am consenting to the public release of the information provided herein.

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- 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