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.ntsb.gov/Pages/aviationreport.aspx. Forms may be returned via e-mail to notify@ntsb.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	C INFORMA	ATION										
Acciden	ıt/Incident Loc	cation				Accident/Incid	lent Date/Time					
Nearest Ci	ity/Place:			State:		Date:		Local Time	:			
ZIP:	Count	try:					nm/dd/yyyy					
			Longitude:			Time Zone:						
(Enter in a	decimal degrees o	or degrees:minu	tes:seconds)			Collision with	Other Aircraft:	o Midair	o On-ground	o None		
AIRCE	RAFT INFO	RMATIO	N									
Registrati	ion Number:					☐ IFR-Equipped and Certified ☐ Commercial Space Flight						
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Serial Number:							of Accident/Incident:		lbs.			
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o Annual			et one)					 Control 	llable Pitch			
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○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certificate	○ Center ○ (S) (Check or Flight or Foreign or Flight Medical (or None or Class 1 or Class 2 or Class 3	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only)	reational	o L o 3 o 4 o 5 o U o Supplen Medical C o Without o With lim o Special I	ap only -point -point - point - point Inknown mental. Res dertificate v llimitations, itations/wassuance	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t wwn Wn Wnknown N/A		Date of L	□ Not Deployed □ Deployed □ Unknown	d
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certificate	Center (S) (Check) Flight Privat Foreig Flight Medical (○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply)	reational	O L O 3 O 4 O 5 O U O Supplen Medical C O Without O With lim O Special I	ap only -point -point - point - point Inknown mental. Res dertificate distinctions/was ssuance dedical Cer	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t wwn Unknown N/A		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certificate	Center (S) (Check) Flight Privat Foreig Flight Medical (○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet	reational rt	○ L ○ 3 ○ 4 ○ 5 ○ U ○ Supplen Medical C ○ Without ○ With lim ○ Special I	ap only -point -point - point - point Inknown mental. Res dertificate distinctions/was ssuance dedical Cer	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t t T T T T T T T T T T	Locator Bea	Date of L	□ Not Deployed □ Deployed □ Unknown	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific	○ Center ○ (S) (Check or Flight Private Private Flight ○ Medical (○ None ○ Class 1 ○ Class 2 ○ Class 3 ○ Cate Limital Equipment Clight suite Class	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision	reational rt	○ L ○ 3 ○ 4 ○ 5 ○ U ○ Supplen Medical C ○ Without ○ With lim ○ Special I M □ Lase □ Person	ap only -point -point - point - point Diknown mental. Res dertificate dimitations, dissuance dedical Cer r protective onal flotation	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t t T T T T T T T T T T		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific	○ Center ○ (S) (Check of the private of the priva	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision	n goggles Flight Revi	O Lase O Personer O Lase	ap only -point -point -point - point Jnknown nental. Res dertificate limitations ditations/wassuance dedical Cer r protective onal flotation	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t T T T T T T T		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific	○ Center ○ (S) (Check of the private of the priva	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision	n goggles Flight Revi	O Lase O Personer O Lase	ap only -point -point -point - point Jnknown nental. Res dertificate limitations ditations/wassuance dedical Cer r protective onal flotation	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t t T T T T T T T T T T		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific	○ Center ○ (S) (Check of the private of the priva	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision	n goggles Flight Revi	O Look of Supplen Medical Cook o Without o With lim O Special I M Lase Personer Personer Arcraf	ap only -point -point - point Jnknown nental. Res dertificate limitations/wa ssuance dedical Cer r protective onal flotation	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t T T T T T T T		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific	○ Center ○ (S) (Check or Flight Private Private Flight ○ Medical (○ None ○ Class 1 ○ Class 2 ○ Class 3 ○ Class 3 ○ Class 3 ○ Class 4 ○ Class 4 ○ Class 5 ○ Class 5 ○ Class 6 ○ Class 7 ○ Class 7 ○ Class 8 ○ Class 8 ○ Class 9 ○ Class 1 ○ Class 1 ○ Class 1 ○ Class 2 ○ Class 3 ○ Class 4 ○ Class 4 ○ Class 5 ○ Class 5 ○ Class 6 ○ Class 6 ○ Class 7 ○ C	○ Single all that app Instructor e in Engineer Certificate ○ BasicM ○ Driver' (Sport ○ Unknownions	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision	n goggles Flight Revi	O Look of Supplen Medical Cook o Without o With lim O Special I M Lase Personer Personer Arcraf	ap only -point -point - point Jnknown nental. Res dertificate limitations/wa ssuance dedical Cer r protective onal flotation	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type:	t t t t t t t t t T T T T T T T		Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certificate Personal Flight □ Fire resistant fl □ Helmet visor Date of Last Flig Or Equivalent, J FAR 121/135 Cl mm/dd/y Airplane Rating	o Center o Center o Check o o Flight o Privat ort o Flight None o Class 1 o Class 2 o Class 3 cate Limitat Equipment light suit ght Review Including hecks:	o Single all that app Instructor e in Engineer Certificate o BasicM Oriver' (Sport o Unknownions (Check all	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision Aircraft Rati	n goggles Flight Revi Make:	O L O Supplen Medical C O Without O With lim O Special I Lase Persew Aircraf	ap only -point -point - point Jnknown nental. Res dertificate limitations ditations/wassuance dedical Cer r protective onal flotation t	Clap on Clap o	t t t t t t t t t t t t t t t t t t t	ng(s)	Date of L	□ Not Deployed □ Deployed □ Unknown ast Medical	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific Personal Flight □ Fire resistant fl □ Helmet visor Date of Last Flig Or Equivalent, I FAR 121/135 Cl mm/dd/y Airplane Rating (Check all that ap	○ Center ○ (Check on Flight on Flight on Flight) Medical (on None on Class 1) ○ Class 2 ○ Class 3 Cate Limitat Equipment light suit ght Review Including hecks:	o Single all that app Instructor e in Engineer Certificate o BasicM o Driver' (Sport o Unknownions (Check all Other (Check)	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision Aircraft Ratick all that appl	n goggles Flight Revi Make: Model:	O L O Supplen Medical C O Without O With lim O Special I Lase Persew Aircraft Instrum (Check	ap only -point -point - point Jnknown nental. Res dertificate limitations/wassuance dedical Cer r protective onal flotation t	Clap on Clap o	t t t t t t t t t t t t t t	ng(s)	Date of L	□ Not Deployee □ Deployed □ Unknown ast Medical mm/dd/yyyy	
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific Personal Flight □ Fire resistant fl □ Helmet visor Date of Last Flig Or Equivalent, I FAR 121/135 Cl mm/dd/y Airplane Rating (Check all that ap □ Single-Engine I	○ Center ○ (Check on Flight on Flight on Flight) Medical (on None on Class 1) ○ Class 2 ○ Class 3 Cate Limitate Equipment light suit ght Review Including hecks:	o Single all that app Instructor e in Engineer Certificate o BasicM o Driver' (Sport o Unknow cions (Check all Other (Che	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision Aircraft Ratick all that apple	n goggles Flight Revi Make: Model: ing(s) ppter	□ Lase □ Persew Aircraf Instrum (Checke □ None	ap only -point -point -point - point Jinknown nental. Res dertificate limitations ditations/wassuance redical Cer reprotective onal flotation t	○ Lap on ○ 3-poin ○ 4-poin ○ 5-poin ○ Unknot traint type: Validity /waivers □ ivers ○ □ tificate Special ○ visor/glasses on g(s)	t t t t t t t t t t t	ng(s) apply)	Date of L	□ Not Deployee □ Deployed □ Deployed □ Unknown ast Medical am/dd/yyyy B) □ Fire resi	stant gloves
○ Unknown ○ Minor ○ Serious ○ Fatal Pilot Certificate □ None □ US Military □ Airline Transpo □ Student Principle Occupation ○ Pilot ○ Other ○ Unknown Medical Certific Personal Flight □ Fire resistant fl □ Helmet visor Date of Last Flig Or Equivalent, I FAR 121/135 Cl mm/dd/y Airplane Rating (Check all that ap	○ Center ○ (S) (Check or Flight Flight Privat or Foreig Flight ○ None Class 1 ○ Class 2 ○ Class 3 Cate Limital Equipment Equipment Light Review Including hecks:	o Single all that app Instructor e in Engineer Certificate o BasicM o Driver' (Sport o Unknownions (Check all Other (Check)	□ Cor □ Rec □ Spo Ied s License Pilot only) wn that apply) □ Helmet □ Night vision Aircraft Ratick all that apple e □ Helicchip □ Power	n goggles Flight Revi Make: Model: ing(s) ppter	O L O Supplen Medical C O Without O With lim O Special I Lase Persew Aircraft Instrum (Check	ap only -point -point -point - point - point Inknown nental. Res dertificate value limitations, sitations/wa ssuance redical Cer r protective onal flotation t	Cap on Ca	t t t t t t t t t t t t t t	ng(s) <i>npply)</i> e-Engine	Date of L	□ Not Deployed □ Deployed □ Deployed □ Unknown ast Medical am/dd/yyyy B) □ Fire resi ament Airplane ament Helicopte copter	stant gloves

Type Ratings an	ıd Applicab	│ □ Gyro lle Logbook		nts		Student	 Endorsements	Powered l		□ Sport		
Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multi- engine	Night	Inst Actual	Simulated	Rotorcr	aft Glider	Lighter Than Air	Multi- engine Rotocraft	Tail- wheel
Pilot-in- Command												
Time as Instructor												
This Make/Model Last 90 Days												
Last 30 Days												
Last 24 Hrs.												
ADDITION	AL FLIG	HT CR	EWMEM	BERS (E	xclusive (of cabin	crew comple	ete the fo	llowing inform	ation)		
Additional Cr				J_110 (E	ACIUSIVE (or capill	o.cm, compi	ore the 10		ccupied		Injury
First Name:									○ Left○ Center○ Right	○ Rear ○ Single ○ Unknown	01	None Minor Serious
Middle Initial:				State:			Zip:		○ Front		I	Fatal Unknown
Last Name:												
Personal Fligh ☐ Fire resistant fl ☐ Helmet visor			all that apply ☐ Helmet ☐ Night vision			protective	visor/glasses on	□ Perso	onal locator beacc	on(s) (PLB)	□ Fire resi	stant gloves
Pilot Certificate None Private Student Type Rating/En	□ Fligl □ Reci □ Spoi	ht Instructor reational rt	□ C □ A □ Fl	ommercial irline Transpo ight Engineer al Flight Tim			□ US Military □ Foreign		Restra Available O None Lap Only 3-point 4-point	int Type Used ○ None ○ Lap (○ 3-poi ○ 4-poi	only Int Int Int	Inflatable Restraints Not Installed Installed Not Deployed
Accident/Incide			of t	his Accident/	Incident:		hrs	i.	5-pointUnknownSupplementa Restraint type			Deployed Jnknown
									-	_		
Additional Cr	ewmembe	r Informa	tion							occupied Rear		Injury None
First Name:				City of Re	sidence:				○ Center	Single Unknown	0	Minor Serious
Middle Initial:				State:			Zip:		• Front	O CHRIOWII	0	Fatal Unknown
Last Name: Personal Fligh ☐ Fire resistant fl ☐ Helmet visor	t Equipme	ent (Check	all that apply ☐ Helmet ☐ Night vision)	□Laser		visor/glasses on	□ Perso	onal Locator Beader:		□ Fire res	sistant gloves
Pilot Certifica	te(s) (Check	k all the apply	·)						Restra	int Type		Inflatable
□ None □ Private □ Student		ht Instructor reational rt	$\Box A$	ommercial irline Transpo ight Engineer			□ US Military □ Foreign		Available ○ None ○ Lap Only ○ 3-point	Used o None o Lap (o 3-poi	only □ N	Restraints Not Installed Installed
Type Rating/En Accident/Incide	nt Aircraft?			al Flight Tim his Accident/			hrs	i.	4-point5-pointUnknownSupplementaRestraint type	∘ 4-poi ∘ 5-poi ∘ Unkn l.	nt □N nt □D	Tot Deployed Deployed Jnknown
PASSENG	ER(S) /	OTHER	PERSO	NNEL (In	iclude cab	oin crew;	continue on	separate	e sheet, if nece	ssary.)		

Number of Passengers								
Passenger Information			Seat	Injury	Restraint '	Туре	Inflatable Restraints	Age
First Name:			∘ Left ∘ Center	○ None ○ Minor	Available ○ None ○ Lap Only	Used ○ None ○ Lap Only	□ Not Installed	□ Under 5 years
Middle Initial:	State: Zip:		o Right oUnknown	SeriousFatal	○ 3-point○ 4-point	3-point4-point	□ Installed □ Not	If under 5
Last name:	Country:		Row:	○ Unknown	• 5-point • Unknown	o 5-point	Deployed □ Deployed	years, • Child
o Crew	o Passenger	o Other			Supplemental.Restraint type:	Unknown	□ Unknown	Restraint Lap-Held
Personal Flight Equipment Fire resistant flights Helmet Laser protective visor/glass PLB Fire resistant gloves Night vision goggles Helmet visor Personal flotation Other:	es				Ayailable	Used		○ Unknown
First Name:	City:		∘ Left	o None	o None	o None	□Not	□ Under 5
Middle Initial:	State: Zip:		CenterRightUnknown	MinorSeriousFatal	○ Lap Only○ 3-point○ 4-point	Lap Only3-point4-point	Installed □ Installed □ Not	years If under 5
Last name:	Country:			○ Unknown	∘ 5-point	∘ 5-point	Deployed	years,
o Crew	o Passenger	o Other	Row:		UnknownSupplemental.Restraint type:	o Unknown	□ Deployed □ Unknown	○ Child Restraint○ Lap-Held
Personal Flight Equipment Fire resistant flights Helmet Laser protective visor/glass PLB Fire resistant gloves Night vision goggles Helmet visor Personal flotation Other:	es							○ Unknown
First Name:			∘ Left ∘ Center	○ None ○ Minor	Available ○ None ○ Lap Only	Used ○ None ○ Lap Only	□ Not Installed	□ Under 5 years
Middle Initial:	State: Zip:		o Right o Unknown	SeriousFatal	○ 3-point ○ 4-point	3-point4-point	□ Installed □ Not	If under 5
Last name:	Country:			○ Unknown	∘ 5-point	○ 5-point	Deployed	years,
o Crew	o Passenger	o Other	Row:		UnknownSupplemental.Restraint type:	o Unknown	□ Deployed □ Unknown	○ Child Restraint○ Lap-Held
Personal Flight Equipment Fire resistant flights Helmet Laser protective visor/glass PLB Fire resistant gloves Night vision goggles Helmet visor Personal flotation Other:	es							○ Unknown

First Name:	City:	○ Left ○ Cente	○ None ○ Minor	Available O None O Lap Only	Used ○ None ○ Lap Only	□ Not Installed	□ Under 5
Middle Initial: State:	Zip:		○ Serious	Lap Only3-point4-point	Lap Only3-point4-point	☐ Installed ☐ Not	years If under 5
Last name:	Country:	Row:	○ Unknov		○ 5-point	Deployed □ Deployed	years, ○ Child
∘ Crew ∘ Pass	enger o Oth			Supplemental.Restraint type:	Unknown	□ Unknown	Restraint • Lap-Held
Personal Flight Equipment (Check a Fire resistant flights Helmet Laser protective visor/glasses PLB Fire resistant gloves Night vision goggles Helmet visor Personal flotation Other:				- Testume type:			∘ Unknown
FLIGHT ITINERARY IN	NFORMATION						
Last Departure Point	Time of	Flight In	nformation	Destination	7	Type Flight Pla	ın Filed
Airport ID:	Departure	Flight Numbe	er:	Airport ID:		○ None	○ VFR/IFR
	Time					Company	○ IFR○ Unknown
City:	Time:	Operating as 1	Fiignt —	City:		VFR ⊃ Military	Onknown
State:	Time Zone:			State:		VFR ○ VFR	
Country:	_			Country:		VFK	
						0 (Inknown
Type of ATC Clearance/Serv □ Certificate of □ Speci) 🗆 1	None □ Sp.	ecial IFR □ VFI	R Flight Followi	ing □Cı	าม่อ
Authorization	ur viit		•		· ·		
□VFR □IFR			□VF	FR On Top □ Tra	ffic Advisory	□Uı	nknown / NA
Type of ATC Clearance/Serv	ice (Check all that apply))	·	<u> </u>			
☐ Class A ☐ Class ☐ Class B ☐ Demo				litary Operations Area IOA)	□ Special □ Air Traff		tude of In-Flight urrence:
□ Class C □ Warn	ing Area		□Àiı	rport Advisory Area	Control A	Area	
	bited Area icted Area		□TR	Training Area SA .R 93	□ Unknowi	n MSI	ft. L
WEATHER INFORMAT	TION AT THE AC	CCIDENT/II	NCIDENT S	ITE			
Source of Pilot Weather Information (Check all that apply)				Weather Observati	on Facility		
☐ National Weather Service	□ Company			Facility ID:			
☐ Flight Service Station ☐ TV/Radio	□ Military □ Internet			Observation Time: Time Zone:			
☐ Automated Report ☐ Electronic Flight Bag-Application:	□None			Distance from Acciden Direction from Acciden	t Site:		nm degrees true
☐ On-Board Weather	·						
Basic Conditions ○ VMC	Lowest Cloud Con Height	dition	Light Condition				
○ IMC ○ Unknown		AGL	○ Dawn ○ Day	○ Dusk ○ Night	Dark NigBright N	_	Unknown
Sky/Lowest Cloud Condition	Ceiling		Ceiling Height				

teObscuration 71P Scattered				U Di			 Broken 			
					roken Ivercast		o Overcas	t		
		Wind Directio	nn -	Wind Speed		Wind Gusts		Visibility		
Altimeter Setting:	:		m 	□ Calm		☐ Not Gusting		· ·		mile
	Hg □	□Variable		\square Light and V		or		RVR:		feet
OI	mb [or Direction:	·	Speed:		Speed:	kts	RVV: Destiny Altit	nde:	mile
	d	degrees true								
Type of Precipitat	t ion (Check all t	hat apply)						Restriction t	o Visibilit	y (Check all
□ None	□ Drizzl	۱- ۲	□ Freezing R				1	<i>apply)</i> □ None		□Fog
□ None □ Rain	□ Drizzi □ Ice Pe		⊔ Freezing R □ Snow Shov					□ None □ Blowing Du	ıct	□ Fog □ Ground F
	□Snow	Pellets	□ Ice Pellets	Shower			1	☐ Blowing Sa	nd	\square Haze
□ Hail	□Snow	Grains	□ Freezing D					☐ Blowing Sn	IOW	\square Ice Fog
☐ Rain Showers	□ Ice Cr						1	☐ Blowing Sp		□ Smoke
			· (D-100	• •	A stood			□ Dust	111	Unknown
Icing Forecast Amount	Trme		sity of Preci	ipitation	Icing Actual	Tema	1	Turbulence ((Сһеск ан	
Amount O None	Type ○ N/A	○ Ligh	tht derate		Amount ○ None	Type ○ N/A		Type □ None		Severity □ Light
o Trace	○ N/A ○ Rime	○ Mod			o Trace	○ N/A ○ Rime		□ None □ Clean Air		□ Lignt □ Moderate
○ Light	o Clear	o N/A			o Light	o Clear		□ Terrain-Ind	uced	
 Moderate 	o Mixed	o Unk	known		o Moderate	Mixed		\square Convective		\square Extreme
o Severe	Unknown	1			o Severe	Unknow	n	Turbulence		
UnknownNOTAMs (D and)	TOO AIDME	T COMET	PIDED _{e i}	ff : -+ at the	○ Unknown					
OAMAGE TO A	AIRCRAFT	Γ AND O	THER P	ROPERT	Υ					
ircraft Damage		A	Aircraft Fire	2			Aircraft Exp			
	AIRCRAF	A o		<u>.</u>	Y Both Ground and I Fire at Unknown T	In-Flight	Aircraft Exp ○ None ○ In-Flight	0 B		nd and In-Flig nown Time

OPERATOR/OWNER SAFETY REC	COMMENDATION (How could this accident/in	ncident have been prevented?)
	W.1105	
	ILURE (If more space is needed, continue on a s	eparate sheet.) Total Time/ Cycles On Part
Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, p		Hours
		Cycles
		Time Since This Part Inspected/Overhauled
		Hours
	.1	
FUEL & SERVICES INFORMATION Fuel on Board at Last Takeoff	Fuel Type	
(Convert from pounds, as necessary)	o 100 Low Lead o Jet A o Automotive o Jet A-1	O Unleaded AVOther, specify
Gallons		
Other Services, if any, prior to departure:		
EVACUATION OF AIRCRAFT		
Was an emergency evacuation of the aircraft	performed?	
Method of Exit – Describe how the occupants e	xited and how many occupants evacuated each location	n:

OTHER AIRCRAFT CO.	LLICION # ·			
OTHER AIRCRAFT – CO Aircraft Registration Number	Manufacturer:	sion occurred, complete t	Damage to Other Air	aircraft.)
An Clair Registration Number	Manufacturer:		□ Destroyed	□ Minor
	Model:		□ Substantial	□ None
Registered Owner of Other Aircraft		Pilot of Other Aircraft		
Name:		Name:		
City:		City:		
State: Z	ZIP:	State:	ZIP:	
Country:		Country:		
ADDITIONAL INFORMAT	TON (Additional space for answ	vers to any question.)		
	·	· , , , , , , , , , , , , , , , , , , ,		

	E ABOVE INFORMATION IS COMPL		
By signing this form Date of this report:	m, I am consenting to the public Name of Pilot/Operator:	c release of the information	on provided herein.
mm/dd/yyyy	Name of Pilot/Operator: Signature: -or- Check here to electronically sign the		<u> </u>
If a person other than Pilot/Operator is	filing this report		
Name:		Title:	
Signature:			
-or- □ Check here to electronically sig	n this document		
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NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received