FORM APPROVED FOR USE THROUGH 7/31/96 BY OMB NO.3147-0001.

NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT
This form To Be Used For Reporting Civil Aircraft Accidents Involving Commercial and General Aviation Aircraft

Location

Nearest City/Place, State, Zip Code	Date of Accident	Local Time (24 HOUR CLOCK)	Zone	Elevation At Accident Site
				_____Feet MSL _____Feet MSL

If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information

Proximity To Airport

1.❑ On Approach 3.❑ Within 1/2 Mile 5.❑ Within 1 Mile 7.❑ Within 3 Miles
2.❑ Within 1/4 Mile 4.❑ Within 3/4 Mile 6.❑ Within 2 Miles 8.❑ Beyond 3 Miles

Airport Name	Airport Ident	Runway/Landing Surface Conditions:
		1.❑ Direction: 3.❑ Width: 5.❑ Condition: 2.❑ Length: 4.❑ Surface:

Phase Of Operation:

1.❑ Standing 3.❑ Takeoff 5.❑ Cruise 7.❑ Approach 9.❑ Hover/Maneuver
2.❑ Taxi 4.❑ Climb 6.❑ Descent 8.❑ Landing 10.❑ Altitude Of In-Flight Occurrence_____Feet MSL

Aircraft Information

Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Serial Number	Cert Max Gross WT

Type Of Aircraft

1.❑ Airplane 5.❑ Blimp/Dirigible
2.❑ Helicopter 6.❑ Ultralight
3.❑ Glider 7.❑ Gyroplane
4.❑ Balloon 8.❑ Specify_____

Type Of Airworthiness Certificate

1.❑ Normal 5.❑ Restricted
2.❑ Utility 6.❑ Limited
3.❑ Acrobatic 7.❑ Experimental
4.❑ Transport 8.❑ Specify_____

Amateur Built

1.❑ Yes
2.❑ No

Landing Gear

1.❑ Tricycle—Fixed 4.❑ Tailwheel—Retractable 7.❑ Skid
2.❑ Tricycle—Retractable 5.❑ Tailwheel—Retractable Mains 8.❑ Limited
3.❑ Tailwheel—Fixed 6.❑ Amphibian 9.❑ Specify_____

No. Of Seats
Flight/Cabin
Crew_____
Pax _____

Stall Warning System Installed

1.❑ Yes
2.❑ No

IFR Equipped

1.❑ Yes
2.❑ No

Engine Type

1.❑ Reciprocating—Carburetor 3.❑ Turbo Prop 5.❑ Turbo Fan
2.❑ Reciprocating—Fuel Injected 4.❑ Turbo Jet 6.❑ Turbo Shaft

Engine Manufacturer	Engine Model/Series	Engine Rated Power	Type Of Fire Extinguishing System Used
		1._____ Horsepower 2._____ Lbs Thrust	1. None 2.Specify_____

Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time	Time Since Inspection	Time Since Overhaul
Engine No. 1			Hours	Hours	Hours
Engine No. 2			Hours	Hours	Hours
Engine No. 3			Hours	Hours	Hours
Engine No. 4			Hours	Hours	Hours

Type Of Maintenance Program

1.❑ Annual
2.❑ Manufacturer's Inspection Program
3.❑ Other Approved Inspection Program(AAIP)
4.❑ Continuous Airworthiness
5.❑ Specify_____

Type Of Last Inspection

1.❑ Annual
2.❑ 100 Hours
3.❑ AAIP
4.❑ Continuous Airworthiness

Date Last Inspection Performed
_____(M/D/Y)
Time Since Last Inspection
_____Hours
Airframe Total Time
_____Hours

Emergency Locator Transmitter (ELT)	ELT Manufacturer	Model/Series	Serial Number	Battery Date (M/D/Y)
	Switch 1.❑ On 2.❑ Off 3.❑ Armed	Operated 1.❑ Yes 2.❑ No	Aided In Accident Location 1.❑ Yes 2.❑ No	

Registered Aircraft Owner	Address
	_____

Operator Of Aircraft	Address
1.❑ Same As Registered Owner 2. Name 3. DBS:	1.❑ Same As Registered Owner 2._____

Owner / Operator Information (cont.)

Operator (Certificate Number)	Operator Designator (4 Letter Designator)

Purpose Of Flight And Type Of Operation

Regulation Flight Conductor Under

1.❑ FAR91 (only) 4.❑ FAR 121 7.❑ FAR 133
2.❑ FAR91D 5.❑ FAR 125 8.❑ FAR 135
3.❑ FAR 103 6.❑ FAR 129 9.❑ FAR 137

Purpose of Flight

1.❑ Personal 6.❑ Aerial Observation
2.❑ Business 7.❑ Other Work Use
3.❑ Educational 8.❑ Public Use
4.❑ Executive/Corporate 9.❑ Ferry
5.❑ Aerial Application 10.❑ Positioning

Operator Authority

FAR121
1.❑ Domestic
2.❑ Flag
3.❑ Supplemental

FAR 135
4.❑ On Demand
5.❑ Commuter

FAR 133
6.❑ Rotorcraft External Load

FAR125
7.❑ Large Aircraft

FAR 129
8.❑ Foreign

FAR 121, 125, 127, 129, 135 Revenue Operations

1.❑ Scheduled
2.❑ Non Scheduled
3.❑ Domestic
4.❑ International
5.❑ Passenger
6.❑ Cargo
7. Specify_____

Pilot Information

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)

1.❑ Student 3.❑ Commercial 5.❑ Flight Instructor 7.❑ Military 9.❑ None
2.❑ Private 4.❑ Airline Transport 6.❑ Flight Engineer 8.❑ Foreign 10.Specify_____

Rating (s)

1.❑ None 6.❑ Helicopter
2.❑ Single Engine Land 7.❑ Glider
3.❑ Single Engine Sea 8.❑ Free Balloon
4.❑ Multiengine Land 9.❑ Airship
5.❑ Multiengine Sea 10.❑ Gyroplane

Instrument Rating (s)

1.❑ None
2.❑ Airplane
3.❑ Helicopter

Instructor Rating (s)

1.❑ None 6.❑ Instrument Airplane
2.❑ Airplane S.E. 7.❑ Instrument Helicopter
3.❑ Airplane M.E. 8.❑ Ground Instructor
4.❑ Helicopter 9.❑ Specify_____
5.❑ Glider

Type Ratings/Student Endorsements

Date Of Biennial Flight Review or Equivalent (M/D/Y)

BFR Aircraft
1. Make_____
2. Model_____

Medical Certificate

1.❑ None 3.❑ Class 2
2.❑ Class 1 4.❑ Class 3

Date Of Last Medical (M/D/Y)

Limitations

Waivers

Date Of Birth (M/D/Y)

Degree Of Injury

1.❑ None
2.❑ Minor
3.❑ Serious
4.❑ Fatal

Seat Occupied

1.❑ Left 4.❑ Front
2.❑ Right 5.❑ Rear
3.❑ Center

Person At Controls At Time Of Accident

1.❑ Pilot In Control 4.❑ Non-Pilot
2.❑ Second Pilot 5.❑ No One
3.❑ Both Pilots

Seat Belt Available

1.❑ Yes
2.❑ No

Seat Belt Used

1.❑ Yes
2.❑ No

Shoulder Harness Available

1.❑ Yes
2.❑ No

Shoulder Harness Used

1.❑ Yes
2.❑ No

Source Of Pilot Flight Time Information

1.❑ Pilot Logbook 4.❑ Company
2.❑ Operators Estimate 5.❑ Specify_____
3.❑ FAA Records

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Second Pilot Information

Second Pilot Responsibilities At The Time Of Accident

1.❑ Co-Pilot 2.❑ Dual Student 3.❑ Safety Pilot 4.❑ Check Pilot 5.❑ None (Pilot-Rated Passenger)

Pilot Name	Pilot Certificate No.	Address	Nationality

Certificate (s)

1.❑ Student 3.❑ Commercial 5.❑ Flight Instructor 7.❑ Military 9.None_____
2.❑ Private 4.❑ Airline Transport 6.❑ Flight Engineer 8.❑ Foreign 10.Specify_____

Second Pilot Information (cont.)

Rating (s)	Instrument Rating (s)	Instructor Rating (s)
1.❑ None 2.❑ Single Engine Land 3.❑ Single Engine Sea 4.❑ Multiengine Land 5.❑ Multiengine Sea 6.❑ Helicopter 7.❑ Glider 8.❑ Free Balloon 9.❑ Airship 10.❑ Gyroplane	1.❑ None 2.❑ Airplane 3.❑ Helicopter	1.❑ None 2.❑ Airplane S.E. 3.❑ Airplane M.E. 4.❑ Helicopter 5.❑ Glider 6.❑ Instrument Airplane 7.❑ Instrument Helicopter 8.❑ Ground Instructor 9.❑ Specify_____

Type Ratings/Student Endorsements	Date Of Biennial Flight Review or Equivalent (M/D/Y)	BFR Aircraft
		1. Make_____ 2. Model_____

Medical Certificate	Date Of Last Medical (M/D/Y)	Limitations	Date Of Birth (M/D/Y)
1.❑ None 2.❑ Class 1 3.❑ Class 2 4.❑ Class 3		Waivers	

Degree Of Injury	Seat Occupied	Seat Belt Available
1.❑ None 2.❑ Minor 3.❑ Serious 4.❑ Fatal	1.❑ Left 2.❑ Right 3.❑ Center 4.❑ Front 5.❑ Rear	1.❑ Yes 2.❑ No

Seat Belt Used	Shoulder Harness Available	Shoulder Harness Used	
1.❑ Yes 2.❑ No	1.❑ Yes 2.❑ No	1.❑ Yes 2.❑ No	1.❑ Pilot Logbook 2.❑ Operators Estimate 3.❑ FAA Records 4.❑ Company 5.❑ Specify_____

Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot In Command (PIC)										
Instructor										
This Make & Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

Other Personnel

Name	Seat	Address (City & State)	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Minor None
1.								
2.								
3.								
4.								
5.								
6.								

Flight Itinerary Information

Last Departure Point	Time Of Departure	Destination	Flight Plan Filed
1. Airport ID _____ 2. City/Place _____ 3. State _____	1. Time _____ 2. Time Zone _____	1. Airport ID _____ 2. City/Place _____ 3. State _____	1.❑ None 2.❑ VFR 3.❑ IFR 4.❑ VFR/IFR 5.❑ Company (VFR) 6.❑ Military (VFR)

If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished

Fuel On Board At Last Takeoff	Fuel Type
_____Gallons or _____Pounds	1.❑ 80/87 2.❑ 100 Low Lead 3.❑ 100/130 4.❑ 115/145 5.❑ Jet A 6.❑ Automotive 7.Specify_____

Other Services, If Any, Prior to Departure

Weather Information At The Accident Site

Source Of Weather Information (Pilot/Operator, Weather Observation)	Light Condition	Visibility	Temp (°F)
	1.❑ Dawn 2.❑ Daylight 3.❑ Dusk 4.❑ Bright Night 5.❑ Dark Night	_____Miles	

Weather Information At The Accident Site (cont.)

Dew Point (°F)

Altimeter Setting "Hg

Sky/Lowest Cloud Condition

1.❑ Clear
2.❑ Scattered_____Feet AGL
3.❑ Broken_____Feet AGL
4.❑ Overcast_____Feet AGL
5.❑ Partial Obscuration
6.❑ Obscured

Wind Information
1.Direction_____
2. Velocity_____Kts
3. Gusts _____Kts

Restriction To Visibility

Type Precipitation

Intensity Of Precipitation
1.❑ Light
2.❑ Moderate
3.❑ Heavy
4.Specify_____

Turbulence (Multiple Entry)
1.❑ None 2.❑ Light 3.❑ Moderate 4.❑ Severe 5.❑ Extreme 6.❑ Clean Air 7.❑ In Clouds

Damage To Aircraft And Other Property

Degree Of Aircraft Damage
1.❑ None 2.❑ Minor 3.❑ Substantial 4.❑ Destroyed

Fire
1.❑ Yes
2.❑ No
3.❑ In-Flight
4.❑ On Ground

Description Of Damage To Aircraft And Other Property

Mechanical Malfunction Failure

1.❑ No
2.❑ Yes List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure

Total Time

On Part _____Hours

At Overhaul _____Hours

Collision Accident

If Collision Accident Occurred, Complete The Information For Other Aircraft

Registration Mark

Aircraft Manufacturer

Aircraft Type/Model

Degree Of Aircraft Damage
1.❑ Destroyed
2.❑ Substantial
3.❑ Minor
4.❑ None

Registered Aircraft Owner

Address

Pilot Name

Address

Pilot Certificate No.

Evacuation Of Aircraft

Assistance Received
1.❑ Outside Person (s)
2.❑ Auxiliary Lighting
3.❑ Slide
4.❑ Rope
5.❑ Ladder
6.❑ Specify _____

Method Of Exit (State Approximate Number Of Persons Using Each Of The Following
1. Main Door _____ 2. Auxiliary Door _____ 3. Emergency Exit _____

Recommendation (How Could This Accident Have Been Prevented)

Operator/Owner Safety Recommendation (Optional Entry)

Additional Flight Crew Members

For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.❑ Student 3.❑ Commercial 5.❑ Flight Instructor 7.❑ Foreign
2.❑ Private 4.❑ Airline Transport 6.❑ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.❑ Student 3.❑ Commercial 5.❑ Flight Instructor 7.❑ Foreign
2.❑ Private 4.❑ Airline Transport 6.❑ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Name	FAA Certificate No.	Address	Title

Certificate(s)
1.❑ Student 3.❑ Commercial 5.❑ Flight Instructor 7.❑ Foreign
2.❑ Private 4.❑ Airline Transport 6.❑ Flight Engineer 8.Specify _____

Ratings/Endorsements	Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report	Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature _____

2. Type Or Print Name _____

3. Title _____

For NTSB Use Only

NTSB Accident No.	Reviewed By NTSB Office Located At	Name Of Investigator	Date Report Received

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1/2

PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration. Flight Standards District Offices.

Rules pertaining to aircraft accident., accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operations.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person suffers death, or serious injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or structural failure which adversely affects the structural strength, performance or flight characteristics or the aircraft, and which would normally require major repair or replacement or the affected component. NOTE: Engine failure (damage limited to an engine), bent fairing or cowling, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, damage to landing gear, wheels, tires, flaps engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Demolished" includes destruction by fire

4. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

5. "Fatal Injury" means any injury which results in death within thirty (30) days of the accident.

6. "Serious Injury" means any injury which (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received: (2) results in a fracture of any bone (except simple fracture of finger, toes, or nose): (3) involves lacerations which cause severe hemorrhages, nerve, muscle, or tendon damage: (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM
It is necessary that ALL questions on this report be answered completely and accurately.

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred. *Date & Time:* Indicate if daylight saving or standard time.
Elevation: Provide elevation of the accident site.
Airport Identification: Provide 3 or 4 character identifier. *Runway:* Direction—heading being used; Surface—composition, i.e., concrete asphalt, grass, etc.; Condition—wet, slick, soft, etc.
Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred inflight, state the altitude of the occurrence.

Item 2. Aircraft Data: Make and Model—enter as shown on aircraft registration certificate; Engine—enter make and model as shown on engine nameplate.
Certificated Max Gross Weight—Indicate the certificated max gross weight for the aircraft involved in the occurrence.
Type of Fire Extinguishing system— Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information — Pilot-in-Command (PIC) Includes solo flight time. Instructor—indicate all dual flight instructor given.
Item 5. Second Pilot Information—Indicate the capacity in which the second pilot was acting at the time of the accident.
Item 6. Self-Explanatory.
Item 7. Self- Explanatory.
Item 8. Weather Information at the Accident Site. Indicate the wether conditions at the accident site at the time of occurrence.
Sky/Lowest Cloud Condition: If cloud condition was scattered, broken or overcast, include height of clouds above ground level.
Restriction to Visibility: Haze, dust, smoke, fog, etc.
Type Precipitation: Rain, snow, hail, etc.
Item 9. Collision Accident. This includes collision with parked aircraft.
Item 10-14. Are self-explanatory.
Item 15. Additional Flight Crew Members. This page should be completed if there are more than two required flight crew members on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, and there were not other required flight crew members involved, separate this page.