NTSB

FORM 6120.1 • OMB NO. 3147-0001 • EXPIRES 04-30-2027

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: _____ State: _____

ZIP: _____ Country: _____

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: _____ Local Time: _____

mm/dd/yyyy *HH:MM*

Time Zone: _____

Collision with Other Aircraft: ○ Midair ○ On-ground ○ None

AIRCRAFT INFORMATION

Registration Number: _____

Manufacturer: _____

Model: _____

Serial Number: _____

Year of Manufacture: _____

Amateur-Built: ○ Yes ○ No *If Yes:* ○ Original Design ○ Kit/Plans Make: _____

☐ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

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 *(Select one)*

○ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard
☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*

☐ Retractable
☐ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*

○ Reciprocating
○ Turbo Shaft
○ Turbo Prop
○ Turbo Jet
○ Turbo Fan
○ Electric
○ Liquid Rocket
○ Solid Rocket
○ Hybrid Rocket
○ None
○ Unknown

Fuel System Type *(Reciprocating)*

○ Carburetor ○ Fuel Injected

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

Last Inspection Type

○ 100-Hour
○ AAIP
○ Annual
○ Continuous Airworthiness
○ Condition
○ Unknown

Date of Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ hrs

Hours measured at *(Select one)*
○ Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select One)*

○ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program
○ (AAIP) Continuous Airworthiness
○ Other, specify: _____

Description of Fire Extinguishing System

○ None
○ Specify:

Additional Equipment

☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model_____
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System
☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Number of Axes: ____ Model: _____
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☐ Other, Specify:

ELT Installed: ○ Yes ○ No *If Yes:*

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)

Was ELT still mounted in aircraft? ○ Yes ○ No

Was ELT still connected to antenna? ○ Yes ○ No

Did ELT activate? ○ Yes ○ No

If activated: **Did ELT aid in locating aircraft?** ○ Yes ○ No

If not activated: **Indicate Reason:** ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Propeller 1

○ Fixed Pitch
○ Controllable Pitch
○ Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

○ Fixed Pitch
○ Controllable Pitch
○ Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____

City: _____ State: _____

ZIP: _____ Country: _____

Fractional Ownership Aircraft: ○ Yes ○ No

Operator of Aircraft ☐ *The Operator is also the Registered Owner*

☐ *Same address as Registered Owner*

Name: _____

Doing Business As: _____

City: _____ State: _____

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

ZIP: _____ Country: _____

Operating Certificates Held
(Check all that apply)

☐ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

○ FAR 91 ○ FAR 129 ○ FAR 415
○ FAR 103 ○ FAR 133 ○ FAR 431
○ FAR 121 ○ FAR 135 ○ FAR 435
○ FAR 125 ○ FAR 137 ○ FAR 437
○ FAR 450

○ FAR 91 Special Flight
○ Non-US, Commercial
○ Non-US, Non-commercial

○ Public Aircraft *(Select one)*
- ○ Armed Forces
- ○ Federal
- ○ State
- ○ Local

○ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)

○ Scheduled or Commuter ○ Domestic
○ Non-Scheduled or Air Taxi ○ International

○ Passenger
○ Cargo
○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 *(Select one)*

○ Aerial Application ○ Firefighting
○ Aerial Observation ○ Flight Test
○ Air Drop ○ Glider Tow
○ Air Race/Show ○ Instructional
○ Banner Tow ○ Other Work Use
○ Business ○ Personal
○ Executive/Corporate ○ Positioning
○ External Load ○ Skydiving
○ Ferry ○ Unknown

Revenue Sightseeing Flight
○ Yes ○ No

Air Medical Flight
○ Yes ○ No

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

Airport Name: _____

Airport Identifier: _____

Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ○ N/A

Distance From Airport Center: _____ sm.

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

Condition of Runway/Landing Surface *(Check all that apply)*

☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

☐ None

☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None

☐ Traffic Pattern ☐ Stop and Go
☐ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☐ Full Stop ☐ Precautionary Landing
☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *(mm/dd/yyyy)*

Certificate Number: _____

Degree of Injury

○ None ○ Serious
○ Unknown ○ Fatal
○ Minor

Seat Occupied

○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*

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

Principal Occupation

○ Pilot
○ Other
○ Unknown

Medical Certificate

○ None ○ Class 3
○ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity

○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ 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)*

☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ 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 Multiengine**	**Night**	**Instrument**		**Rotorcraft**	**Glider**	**Lighter Than Air**	**Multi-engine Rotorcraft**	**Tail-wheel**
						Actual	**Simulated**					
Total Time												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *(mm/dd/yyyy)*

Certificate Number: _____

Degree of Injury
○ None ○ Serious ○ Unknown ○ Fatal ○ Minor

Seat Occupied
○ Left ○ Front ○ Unknown ○ Right ○ Rear ○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints
☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

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

Principal Occupation
○ Pilot ○ Other ○ Unknown

Medical Certificate
○ None ○ Class 3 ○ Class 1 ○ Driver's License (Sport Pilot only) ○ Class 2 ○ Unknown

Medical Certificate Validity
○ Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ 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)*
☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None ☐ Airplane Single-Engine ☐ Airplane Multiengine ☐ Gyroplane ☐ Powered lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport

Type Ratings and Applicable Logbook Endorsements

Student Endorsements *(Include dates)*

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

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

Additional Crewmember Information

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ Zip: _____

Last Name: _____ Country: _____

Seat Occupied

○ Left ○ Rear
○ Center ○ Single
○ Right ○ Unknown
○ Front

Injury

○ None
○ Minor
○ Serious
○ Fatal
○ Unknown

Personal Flight Equipment *(Check all that apply)*

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

Pilot Certificate(s) *(Check all the apply)*

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs.

Restraint Type

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Additional Crewmember Information

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ Zip: _____

Last Name: _____ Country: _____

Seat Occupied

○ Left ○ Rear
○ Center ○ Single
○ Right ○ Unknown
○ Front

Injury

○ None
○ Minor
○ Serious
○ Fatal
○ Unknown

Personal Flight Equipment *(Check all that apply)*

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

Pilot Certificate(s) *(Check all the apply)*

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

Type Rating/Endorsement for Accident/Incident Aircraft?

☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: _____ hrs.

Restraint Type

Available	Used
○ None	○ None
○ Lap Only	○ Lap Only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Supplemental Restraint, specify: _____

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ 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: _____ ○ Crew ○ Passenger ○ Other **Personal Flight Equipment** (*Check all that apply*) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	○ Left ○ Center ○ Right ○ Unknown Row: _____	○ None ○ Minor ○ Serious ○ Fatal ○ Unknown	**Available** / **Used** ○ None / ○ None ○ Lap Only / ○ Lap Only ○ 3-point / ○ 3-point ○ 4-point / ○ 4-point ○ 5-point / ○ 5-point ○ Unknown / ○ Unknown **Supplemental Restraint**, specify: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If under 5 years,* ○ Child Restraint ○ Lap-Held ○ Unknown

First Name: ____ City: ____ Middle Initial: ____ State: ____ Zip: ____ Last name: ____ Country: ____ ○Crew ○Passenger ○Other **Personal Flight Equipment** (*Check all that apply*) ☐Fire resistant flight suit ☐Helmet ☐Laser protective visor/glasses ☐PLB ☐Fire resistant gloves ☐Night vision goggles ☐Helmet visor ☐Personal flotation ☐Other: ____	○Left ○Center ○Right ○Unknown Row: ____	○None ○Minor ○Serious ○Fatal ○Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used** ○None ○Lap Only ○3-point ○4-point ○5-point ○Unknown **Supplemental Restraint**, specify: ____	☐Not Installed ☐Installed ☐Not Deployed ☐Deployed ☐Unknown	☐Under 5 years *If under 5 years,* ○Child Restraint ○Lap-Held ○Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ Zip: ____ Last name: ____ Country: ____ ○Crew ○Passenger ○Other **Personal Flight Equipment** (*Check all that apply*) ☐Fire resistant flight suit ☐Helmet ☐Laser protective visor/glasses ☐PLB ☐Fire resistant gloves ☐Night vision goggles ☐Helmet visor ☐Personal flotation ☐Other: ____	○Left ○Center ○Right ○Unknown Row: ____	○None ○Minor ○Serious ○Fatal ○Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used** ○None ○Lap Only ○3-point ○4-point ○5-point ○Unknown **Supplemental Restraint**, specify: ____	☐Not Installed ☐Installed ☐Not Deployed ☐Deployed ☐Unknown	☐Under 5 years *If under 5 years,* ○Child Restraint ○Lap-Held ○Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ Zip: ____ Last name: ____ Country: ____ ○Crew ○Passenger ○Other **Personal Flight Equipment** (*Check all that apply*) ☐Fire resistant flight suit ☐Helmet ☐Laser protective visor/glasses ☐PLB ☐Fire resistant gloves ☐Night vision goggles ☐Helmet visor ☐Personal flotation ☐Other: ____	○Left ○Center ○Right ○Unknown Row: ____	○None ○Minor ○Serious ○Fatal ○Unknown	**Available** ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown **Used** ○None ○Lap Only ○3-point ○4-point ○5-point ○Unknown **Supplemental Restraint**, specify: ____	☐Not Installed ☐Installed ☐Not Deployed ☐Deployed ☐Unknown	☐Under 5 years *If under 5 years,* ○Child Restraint ○Lap-Held ○Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: ____ City: ____ State: ____ Country: ____	Time: ____ *HH:MM* Time Zone: ____	**Flight Number:** **Operating as Flight** ____	Airport ID: ____ City: ____ State: ____ Country: ____	○None ○Company VFR ○Military VFR ○VFR ○VFR/IFR ○IFR ○Unknown Activated? ○Yes ○No ○Unknown

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

☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise

☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

☐ None

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

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft. MSL

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☐ Automated Report ☐ None
☐ Electronic Flight Bag-Application: ☐ Unknown
_____
☐ On-Board Weather

Weather Observation Facility

Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
○ VMC
○ IMC
○ Unknown

Lowest Cloud Condition Height
_____ ft. AGL

Light Condition
○ Dawn ○ Dusk ○ Dark Night ○ Unknown
○ Day ○ Night ○ Bright Night

Sky/Lowest Cloud Condition
○ Clear ○ Thin Broken
○ Few ○ Thin Overcast
○ Partial Obscuration ○ Unknown
○ Scattered

Ceiling
○ None (Clear)
○ Broken
○ Overcast
○ Obscured
○ Indefinite
○ Unknown

Ceiling Height
_____ ft. AGL

Temperature: _____(˚C) or _____ (˚F)

Dewpoint: _____(˚C) or _____ (˚F)

Altimeter Setting:
_____(Hg), **or** _____(mb)

Wind Direction
☐ Variable
or
Direction: _____ degrees true

Wind Speed
☐ Calm
☐ Light and Variable
or
Speed: _____kts

Wind Gusts
☐ Not Gusting
or
Speed: _____ kts

Visibility
_____ miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft.

Type of Precipitation *(Check all that apply)*

☐ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility *(Check all that apply)*

☐ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount	Type
○ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Intensity of Precipitation
○ Light
○ Moderate
○ Heavy
○ N/A
○ Unknown

Icing Actual

Amount	Type
○ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence *(Check all that apply)*

Type	Severity
☐ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective	☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
○ None	○ Substantial	○ None	○ Both Ground and In-Flight	○ None	○ Both Ground and In-Flight
○ Minor	○ Destroyed	○ In-Flight	○ Fire at Unknown Time	○ In-Flight	○ Fire at Unknown Time
	○ Unknown	○ On-Ground	○ Unknown	○ On-Ground	○ Unknown

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

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

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

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

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

Was there Mechanical Malfunction/Failure? ☐Yes ☐No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ Gallons

Fuel Type

○100 Low Lead ○Jet A ○Unleaded AV
○Automotive ○Jet A-1 ○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:

☐Destroyed ☐Minor
☐Substantial ☐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.
I understand that the information provided may be subject to public release.

Date of this report:	**Name of Pilot/Operator:** _____
_____ *mm/dd/yyyy*	**Signature:** _____
	-or- ☐ Check here to electronically sign this document

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