

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

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

Fractional Ownership Aircraft: Yes No

Operator of Aircraft

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

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

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

<p>Operating Certificates Held <i>(Check all that apply)</i></p> <p>None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft</p>	<p>Regulation Flight Conducted Under</p> <table style="width:100%;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> <tr> <td></td> <td></td> <td>FAR 450</td> </tr> </table> <p>FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial</p> <p>Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown</p>	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437			FAR 450	<p>Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i></p> <table style="width:100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table> <p>Passenger Cargo Mail Contract Only</p> <hr/> <p>Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i></p> <table style="width:100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> </tr> <tr> <td>Air Race/Show</td> <td>Instructional</td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> </tr> <tr> <td>Business</td> <td>Personal</td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> </tr> <tr> <td>Ferry</td> <td>Unknown</td> </tr> </table>	Scheduled or Commuter	Domestic	Non-Scheduled or Air Taxi	International	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
FAR 91	FAR 129	FAR 415																																					
FAR 103	FAR 133	FAR 431																																					
FAR 121	FAR 135	FAR 435																																					
FAR 125	FAR 137	FAR 437																																					
		FAR 450																																					
Scheduled or Commuter	Domestic																																						
Non-Scheduled or Air Taxi	International																																						
Aerial Application	Firefighting																																						
Aerial Observation	Flight Test																																						
Air Drop	Glider Tow																																						
Air Race/Show	Instructional																																						
Banner Tow	Other Work Use																																						
Business	Personal																																						
Executive/Corporate	Positioning																																						
External Load	Skydiving																																						
Ferry	Unknown																																						
<p>Revenue Sightseeing Flight</p> <p>Yes No</p>	<p>Air Medical Flight</p> <p>Yes No</p>																																						

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

<p>Airport Name: _____</p> <p>Airport Identifier: _____</p> <p>Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A</p>	<p>Distance From Airport Center: _____ sm.</p> <p>Direction From Airport: _____ degrees true</p> <p>Airport Elevation: _____ ft. MSL</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Runway Information</p> <p>Runway ID: _____ Length: _____ ft. Width: _____ ft.</p> <p>Runway/Landing Surface <i>(Check all that apply)</i></p> <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>	<p>Condition of Runway/Landing Surface <i>(Check all that apply)</i></p> <table style="width:100%;"> <tr> <td>Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Rough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table>	Dry	Snow-Compacted	Water-Calm	Holes	Snow-Crusted	Water-Choppy	Ice Covered	Snow-Dry	Water-Glassy	Rough	Snow-Wet	Wet	Rubber Deposits	Soft		Slush-Covered	Vegetation	Unknown
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

<p>IFR Approach <i>(Check all that apply)</i></p> <p>None</p> <table style="width:100%;"> <tr> <td>ADF/NDB</td> <td>PAR</td> <td>MLS</td> <td>Practice</td> </tr> <tr> <td>SDF</td> <td>Sidestep</td> <td>LDA</td> <td>GPS</td> </tr> <tr> <td>VOR/TVOR</td> <td>ILS</td> <td>ASR</td> <td>Unknown</td> </tr> <tr> <td>VOR/DME</td> <td>Localizer Only</td> <td>Visual</td> <td></td> </tr> <tr> <td>TACAN</td> <td>LOC-back course</td> <td>Contact</td> <td></td> </tr> <tr> <td></td> <td>RNAV</td> <td>Circling</td> <td></td> </tr> </table>	ADF/NDB	PAR	MLS	Practice	SDF	Sidestep	LDA	GPS	VOR/TVOR	ILS	ASR	Unknown	VOR/DME	Localizer Only	Visual		TACAN	LOC-back course	Contact			RNAV	Circling		<p>VFR Approach <i>(Check all that apply)</i></p> <p>None</p> <table style="width:100%;"> <tr> <td>Traffic Pattern</td> <td>Stop and Go</td> </tr> <tr> <td>Straight-In</td> <td>Touch and Go</td> </tr> <tr> <td>Valley/Terrain Following</td> <td>Simulated Forced Landing</td> </tr> <tr> <td>Go Around</td> <td>Forced Landing</td> </tr> <tr> <td>Full Stop</td> <td>Precautionary Landing</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>	Traffic Pattern	Stop and Go	Straight-In	Touch and Go	Valley/Terrain Following	Simulated Forced Landing	Go Around	Forced Landing	Full Stop	Precautionary Landing		Unknown
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																																			
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 None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown	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

Supplemental Restraint, specify: _____

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 BasicMed Class 2 Driver’s License (Sport Pilot only) 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												

“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	Inflatable Restraints Not Installed Installed Not Deployed Deployed 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	Supplemental Restraint, specify: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

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

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

Personal Flight Equipment (Check all that apply)

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

Pilot Certificate(s) (Check all the apply)	Restraint Type	Inflatable Restraints
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Available <input type="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

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

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

Personal Flight Equipment (Check all that apply)

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

Pilot Certificate(s) (Check all the apply)	Restraint Type	Inflatable Restraints
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Available <input type="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

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

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

Number of Passengers _____					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	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 Supplemental Restraint, specify: _____	<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="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
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"/> PLB <input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____					

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

FLIGHT ITINERARY INFORMATION

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

Aircraft Fire

- None
- Both Ground and In-Flight
- In-Flight
- Fire at Unknown Time
- On-Ground
- Unknown

Aircraft Explosion

- None
- Both Ground and In-Flight
- In-Flight
- Fire at Unknown Time
- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/ Cycles On Part _____ Hours _____ Cycles
	Time Since This Part Inspected/Overhauled _____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ Gallons	Fuel Type <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> Unleaded AV <input type="checkbox"/> Automotive <input type="checkbox"/> Jet A-1 <input type="checkbox"/> 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.)

