FAA ACCIDENT / INCIDENT REPORT				2. AMENDED DATE MO DA YR												
				13. AIRCRAFT 14. FAR PART NUM						MBER						
				REGISTRATION				-	9 133 10 135 ON DEMAND							
MAKE/MODEL							10		135 C	OMMUTER						
3. DATE OF EVENT				12 137 SERIAL NO. 12												
4. FAA OFFICE			YEAR OF MANUFACTURE 15. TYPE OF AIRCRAFT													
					TOTAL AIRFRAME HRS.						-KAF I					
					(WHOLE HOURS) HELICOP											
5. NTSB ID					(AIR CARRIER ONLY) GLIDER											
6. LOCATION-CITY/STATE/ZIP				BALLOON												
7. OPERATOR NAME				16. POWER PLANT DIRIGIBLE												
FOUR LETTER IDENTIFIER				17. PROPELLER MAKE/MODEL/SERIES					-		GYROPLANE					
8. AIRPORT (IF APPLICABLE) 3- OR 4- LETT				(IF APPLICABLE) HOMEBUILT												
9. LOCAL TIME 24-HOUR CL		_		18. BIOHAZARD AREA YES NO ULTRALIGHT 19. TYPE OF LANDING GEAR												
				CONVENTIONAL SKIS												
10A. LATITUDE									AN	ЛРНП	BIOU	S				
				FLOATS					P							
10B. LONGITUDE				20. IN	JURY S	UMM	ARY					UNKNOWN				
11. AIRCRAFT DAMAGE 12. COLLISION	I - BETWEEN	TWO	IRCRAFT	NONI	-	FLT.C	FLT.CREW CABIN			PA	PASSENGE OT			HER		TOTAL
NONE YES	AIF			MINO									-			
MINOP				SERIOUS												
SUBSTANTIAL REGISTRATION N		DUND		FATAL												
DESTROYED SECOND AIRCRA				TOTA	L											
21. FACTORS - IDENTIFY PRIMARY FACTOR A CHECKING OF FACTORS IS THE OPINION OF THE INVESTIC										ATIONS						
21A. TECHNICAL FACTORS	SHIOR MSI LEI OK B	21 B. OPERATIONA			NAL F		ACTORS					PERSONAL				
	FTER LANDING						SABOTA	GE				COMMERCIAL				
GEAR UP LANDING SYSTE	M FAILURE	URE PILOT INDUCED				F	PILOT INCAPACITATED					CARGO				
FIRE OR EXPLOSION COMPO	ONENT	GROUND CREW				P	PILOT INCP. ALCOHOL					INSTRUCTION				
FUEL CONTAMINATION LOST P	POWER	OTHER THAN PILO				I	DOWNWIND TAKEOFF					CORPORATE				
BLADE/ROTOR FAILURE FOD DESIGN OF AIRCRAFT AUT		PARACHUTE INCIDENT				0	CARBURETOR ICE					FERRY				
METAL FATIGUE CORRC	O/IMPROPER	ER OVER GROSS WEIGHT CG OUT OF LIMITS			11		HIT KNOWN OBJECT					AERIAL APPLICATION				
	HT FIRE		STRUCK ANIMAL				EMERGENCY LANDING					AMBULANCE				
IMPROPER SMOKE	E/FUMES		BIRD STRIKE				HARD LANDING					FIREFIGHTING				
AD NON-COMPLIANCE INFLIG	HT BREAKUP		PAX DISTURBANCE				OVERSHOT RUNWAY UNDERSHOT RUNWAY				-	BANNER TOW				
	PER PART			STOLEN AIRCRAFT			LOSS OF CONTROL					AIR SHOW				
21F. ATA CODE OTHER 21C. PART NAME 21D. MANUFA		216	HIJACK				STALL/SPIN					SIGHTSEEING				
21C. PART NAME 21D. MANUFACTURER 21E. PART NUMBI			LK	MISMANAGED GEAR						SKYDIVING						
23 WX. BRIEFING SOURCE		PRECIPITATION					MISMANAGED					FAR 141 PILOT SCHOOL				
NOT APPLICABLE/NOT AVAILABLE NOT APPLICABLE/NOT AVAIL NATIONAL WEATHER SERVICE			ABLE		ABORTED TAKEOFF					MILITARY FOREIGN						
RAIN					AIRFRAME ICE/FROST				-	PUBLIC USE						
FLIGHT SERVICE STATION HAIL					WAKE TURBULENCE WEATHER				OTHER							
VOICE RESP. SYSTEM SNOW COMPANY FREEZING DRIZZLE					26.	VEATH	2K				•					
COMMERCIAL WX. SERVICE		FREEZING RAIN					GROUND				OF FLIGH			MAN		
TV/RADIO WEATHER DRIZZLE MILITARY OTHER							0		CRU		,		┝──┼		EUVER	
MILITARY OTHER COMPUTER BRIEFING						TAXI				CENT			\vdash	HOV		
25. WEATHER FACTORS						TAKEOF	r			ROAC			\vdash	OTH	±K	
NONE / NOT APPLICABLE THUNDERSTORM				CLIMB LANDING												
HAZE CROSSWIND, DUST TURBULENCE/WINDSTORM				27. ACTUAL WEATHER IMC VMC NOT AVAILA												
SMOKE		DENSITY ALTITUDE														
FOG BLOWING DUST		LIGHTNING STRIKE								; 						
BLOWING DUST BLOWING SMOKE		BLOWING SNOW WHITE OUT				_	DRY					SNOW				
ICING CONDITIONS		WIND SHEAR					WET					SLUSH				
GUSTY WINDS OTHER						ICE					ST	AND	ING W.	ATER		

-

29. GENERAL AVIATION ACCIDENTS ONLY 30. (AIR CARRIER ONLY) 29. GENERAL AVIATION ACCIDENTS ONLY								
DID PILOT ATTEND SAFETY SEMINAR OR CLINI	IC WITHIN PAST 3 YEARS?	YES NO UNK	NOWN EVACUATION EVACUATION INITIATED INJURIES					
DID PILOT PARTICIPATE IN WINGS PROGRAM W	VITHIN PAST 3 YEARS?	YES NO UNKI						
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS? YES NO UNKNOWN YES NO YES NO								
31. PILOT INFORMATION	NOT APPLICABLE	CERTIFICATE TYPE	SECOND PILOT					
NAME		RECREATIONAL						
DATE OF BIRTH		STUDENT						
DATE HIRED (AIR CARRIER ONLY)								
DOMICILE ZIP CODE		PRIVATE						
HOURS MAKE AND MODEL		COMMERCIAL						
HOURS LAST 90 DAYS		FLIGHT MST.						
TOTAL HOURS								
CERTIFICATE NO.		ATP						
REGULATORY CHECK RIDE	MO DA YR	NON-PILOT	MO DA YR					
32. CORRECTIVE ACTION(S) PLANNED OR INITI	ATED NONE 44709 F	REXAM EIR SDR	COUNSELING M or D OTHER					
	CONDUCT OF	INVESTIGATION						
CONDUCT OF INVESTIGATION 34. NTSB PARTICIPATION ON-SCENE LIMITED 35. FAA PARTICIPATION ON-SCENE NOT ON-SCENE SCENE NOT ACCESSIBLE								
36. FAA INITIAL NOTIFICATION 37. FSDO NOTIFICATION 38. FAA IIC ARRIVAL ON SCENE								
DATE AND LOCAL TIME DATE AND LOCAL TIME DATE AND LOCAL TIME DATE AND LOCAL TIME								
MO DA YR MO DA YR MO DA YR								
39. FAA HOURS US		24 - HOUR CLOCK	24-HR CLOCK					
TOTAL INVESTIGATION								
^{42,} FAA NINE RESPONSIBILITIES IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATORS OPINION BASED ON HIS/HER INVESTIGATION								
1. FAA FACILITIES YES NO	4. AIRMAN/AIR AGENCY C	OMPETENCE YES NO	7. SECURITY YES NO					
2. NON FAA FACILITIES YES NO	5. FAR CHANGE NEEDED	YES NO	8. AIRMAN MEDICAL QUALIF. YES NO					
3. AIRWORTHINESS YES NO	6. AIRPORT CERTIFICATION	YES NO	9. FAR VIOLATIONS YES NO					
43. BRIEF EXPLANATION OF ISSUES INVOLVED								
44. FAA IIC NAME FAA Form 8020-23 (12-99) SUPERSEDES FA	DATE AA FORMS 8020-5 and 8020-16 INFORI	REGION MATION IS PRELIMINARY AND SUBJECT	DISTRICT OFFICE CT TO CHANGE NSN: 0052-00-923-1000					

INSTRUCTIONS FOR ACCIDENT/INCIDENT REPORT

1. OCCURRENCE INFORMATION:	21C. PART NAME:
THIS FORM IS TO BE FILLED OUT FOR EACH ACCIDENT/INCIDENT AND FORWARDED TO THE REGIONAL FS DIVISION WITHIN 30 DAYS.	IDENTIFY THE PART NAME THAT FAILED OR IS SUSPECTED OF FAILURE BY THE PROPER NOMENCLATURE THAT IS DEPICTED
REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/	IN THE MANUFACTURERS PARTS CATALOGUE.
INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORTS	21D. MANUFACTURER:
ONLY TO AAI-220.	IDENTIFY THE MANUFACTURER OF THE PART, IF KNOWN. 2IE. PART NUMBER:
2. AMENDED DATE: FOR AMENDED REPORTS FILL IN ITEMS 1,2,3,5, AND 13, REGISTRATION	IDENTIFY THE MANUFACTURER PART NUMBER. THIS WOULD BE THE
NUMBER ONLY, AND NEW OR CHANGED INFORMATION PERTAINING TO	SAME NUMBER NEEDED TO REQUISITION A REPLACEMENT PART.
ACCIDENT INVESTIGATION.	21 F. ATA CODE:
3. DATE OF THE OCCURRENCE: MONTH/DAY/YEAR.	REFER TO THE CODE TABLE IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE
4. FAA (INVESTIGATING OFFICE):	AND DEFINITIONS DATED JANUARY 1996.
THE FIRST TWO BLOCKS ARE THE REGION. THE SECOND TWO	22. TYPE OF OPERATIONS:
BLOCKS ARE THE NUMERICAL I.D. OF THE FSDO. E.G. EA 21.	CHECK APPROPRIATE BOXES.
5. NTSB ID: FOR ACCIDENTS ONLY AND SUPPLIED BY THE NTSB OFFICE WITH	23. WEATHER BRIEFING SOURCE: SAME AS 2 IA.
JURISDICTIONAL RESPONSIBILITY.	24. PRECIPITATION:
6. LOCATION:	SAME AS 21A.
CITY: NEAREST CITY OR TOWN. STATE: 2 LETTER IDENTIFIER.	25. WEATHER FACTORS: SAME AS 21 A.
ZIP CODE: SELF- EXPLANATORY.	26. PHASE OF FLIGHT:
7. OPERATOR:	WHERE ACCIDENT AND INCIDENT SEQUENCE STARTED.
FOR AIR CARRIER OCCURRENCES ONLY. PROVIDE THE NAME OF	CHECK APPLICABLE PHASE. 27. ACTUAL WEATHER CONDITIONS:
THE OPERATOR THAT HAS OPERATIONAL CONTROL. THE 4-LETTER DESIGNATOR IS FROM PTRS.	CHECK APPROPRIATE BOX.
8. AIRPORT:	29. RUNWAY CONDITIONS:
NAME OF AIRPORT IF OCCURRENCE TOOK PLACE ON AN	CHECK APPROPRIATE BOX. 29. GENERAL AVIATION ACCIDENTS ONLY:
AIRPORT. AIRPORT DESIGNATOR ACCORDING TO ORDER 73 1 0. 1. 9. TIME:	29. GENERAL AVIATION ACCIDENTS ONLY: SELF- EXPLANATORY.
LOCAL 24 HOUR CLOCK.	30. EVACUATION OVERVIEW (AIR CARRIER ONLY):
10. LATITUDE/ LONGITUDE: SELF-EXPLANATORY. ALASKA ACCIDENTS ONLY.	EVACUATION INITIATED YES/NO.
11. AIRCRAFT DAMAGE:	INJURIES: CHECK YES IF INJURIES ATTRIBUTABLE TO EVACUATION. 31. PILOT INFORMATION:
CHECK THE MOST SEVERE DAMAGE.	SELF- EXPLANATORY. CHECK THE HIGHEST CERTIFICATE THAT THE
12. COLLISION:	PILOT HAS. PIC NAME NOT APPLICABLE IF THE PILOTS ACTIONS OR LACK OF
MEANS TWO AIRCRAFT COLLIDED IN THE AIR OR ON THE GROUND. BOTH WERE FLYING OR HAD THE INTENT TO FLY.	ACTIONS DID NOT CONTRIBUTE TO THE ACCIDENT/INCIDENT. HOWEVER, FOR AIR CARRIER ACCIDENTS, PLEASE PROVIDE PIC DOB, HOURS MAKE AND
TWO FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR	MODEL, AND TOTAL HOURS.
HAD THE INTENT TO FLY.	32. CORRECTIVE ACTION:
13. AIRCRAFT REGISTRATION NUMBER: E.G. N1234M. MAKE/MODEL: MANUFACTURER/MODEL/SERIES, E.G.,	SELF- EXPLANATORY. 33. NARRATIVE:
DC-9-10. SERIAL NUMBER: SELF EXPLANATORY. YEAR OF	SELF- EXPLANATORY.
MANUFACTURE: E.G. 1994 AIRFRAME CYCLES, AIRFRAME HOURS	34. NTSB PARTICIPATION (ACCIDENT ONLY):
SELF-EXPLANATORY. 14. FAR PART NUMBER:	SELF- EXPLANATORY. 35. FAA PARTICIPATION:
CHECK THE REGULATION THAT THE AIRCRAFT WAS OPERATING	SELF- EXPLANATORY. ON-SCENE CAN BE CHECKED IF THE INSPECTOR/
UNDER. AN AIR CARRIER DOING POSITIONING, TRAINING, ETC., IS	INVESTIGATOR PARTICIPATES IN THE INVESTIGATION BEYOND USE OF THE
PART 9 1. PART 135 AIR TAXI OR AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE CONSIDERED	TELEPHONE, I.E., ENGINE TEARDOWN, INTERVIEW, OR WRECKAGE INVESTIGATION NOT AT THE SCENE OF THE ACCIDENT, ETC.
PART OF THE CREW.	36. FAA INITIAL NOTIFICATION:
15. TYPE OF AIRCRAFT:	THIS IS THE TIME THE FIRST FAA PERSON WHO DISCOVERS OR IS NOTIFIED OF
SELF- EXPLANATORY (MORE THAN ONE MAY BE CHECKED). 16. POWERPLANT INFORMATION:	THE OCCURRENCE. THIS IS USUALLY AIR TRAFFIC.
(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT);	37. FSDO NOTIFICATION: THIS IS THE FIRST CALL THAT THE FSDO RECEIVES.
LIST MAKE/MODEI/SERIES OF ENGINE.	39. FAA IIC ARRIVAL ON SCENE:
17. PROPELLER INFORMATION:	SELF-EXPLANATORY.
(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT); LIST MAKE/MODEL/SERIES OF PROPELLER.	39. FAA HOURS USED FOR TOTAL INVESTIGATION: INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES.
18. BIOHAZARD AREA:	WHOLE HOURS ONLY.
CHECK YES IF BODY FLUIDS WERE PRESENT. USE OR	40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:
NONUSE OF PERSONAL PROTECTIVE EQUIPMENT DOES NOT AFFECT THIS QUESTION.	WHOLE HOURS ONLY. 41. TOTAL TRAVEL HOURS TO & FROM SCENE:
19. TYPE OF LANDING GEAR:	WHOLE HOURS ONLY.
SELF-EXPLANATORY.	42. FAA NINE RESPONSIBILITIES (ACCIDENT MANDATORY/INCIDENTS OPTIONAL):
20. INJURY SUMMARY: ENTER THE NUMBERS INVOLVED AND ACCOUNT FOR ALL ON	CHECK WHICH OF THE AREAS OF RESPONSIBILITY WERE INVOLVED. THE DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/
BOARD THE AIRCRAFT, AND ACCOUNT FOR THE PERSONNEL	INVESTIGATOR BASED ON HIS/HER BACKGROUND, TRAINING, SKILL, AND
INJURED THAT WERE NOT ON THE AIRCRAFT.	EXPERIENCE. THE ANNOTATION OF ONE OR MORE RESPONSIBILITIES DOES NOT HAVE TO BE JUSTIFIED OR PROVEN. AN AIRMAN WHO MAKES A MISTAKE
21. FACTORS: CHECK THE PRIMARY FACTOR FROM EITHER TECHNICAL OR	WHICH RESULTS IN AN ACCIDENT IS ANNOTATED UNDER AIRMAN/AIR AGENCY
OPERATIONAL FACTORS BLOCK WHICHEVER IS MOST APPROPRIATE.	COMPETENCE. IT IS NOT NECESSARY TO SUBMIT AN EIR BECAUSE OF
21A. TECHNICAL FACTORS:	ANNOTATION OF VIOLATION.
CHECK APPLICABLE BOXES. MORE THAN ONE MAY BE CHECKED. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON	43. BRIEF EXPLANATION OF ISSUES INVOLVED FOR EACH OF THE NINE DESPONSIBILITIES INVOLVED
HIS/HER INVESTIGATION.	RESPONSIBILITIES INVOLVED. IF NONE INVOLVED, EXPLAIN WHY. SELF-EXPLANATORY.
21B. OPERATIONAL FACTORS:	44. FAA IIC NAME:
SAME AS 21 A.	PRINT, SIGN, AND DATE.

FAA Form 8020-23 (12-99)

NSN: 0052-00-923-1000