

29. GENERAL AVIATION ACCIDENTS ONLY			30. EVACUATION OVERVIEW (AIR CARRIER ONLY)						
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">EVACUATION INITIATED</td> <td style="width:50%; text-align: center;">EVACUATION INJURIES</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>	EVACUATION INITIATED	EVACUATION INJURIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVACUATION INITIATED	EVACUATION INJURIES								
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>					
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>					
31. PILOT INFORMATION NOT APPLICABLE <input type="checkbox"/>		CERTIFICATE TYPE		SECOND PILOT					
NAME		RECREATIONAL							
DATE OF BIRTH		STUDENT							
DATE HIRED (AIR CARRIER ONLY)		PRIVATE							
DOMICILE ZIP CODE		COMMERCIAL							
HOURS MAKE AND MODEL		FLIGHT MST.							
HOURS LAST 90 DAYS		ATP							
TOTAL HOURS		NON-PILOT							
CERTIFICATE NO.									
REGULATORY CHECK RIDE									
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED NONE <input type="checkbox"/> 44709 REXAM <input type="checkbox"/> EIR <input type="checkbox"/> SDR <input type="checkbox"/> COUNSELING <input type="checkbox"/> M or D <input type="checkbox"/> OTHER <input type="checkbox"/>									
33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) (ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT)									
CONDUCT OF INVESTIGATION									
34. NTSB PARTICIPATION ON-SCENE <input type="checkbox"/> LIMITED <input type="checkbox"/> 35. FAA PARTICIPATION ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>									
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					
MO DA YR		MO DA YR		MO DA YR					
24 - HOUR CLOCK		24 - HOUR CLOCK		24-HR CLOCK					
39. FAA HOURS USED FOR TOTAL INVESTIGATION		40. FAA HOURS USED FOR TOTAL INVESTIGATION		41. FAA HOURS USED FOR TOTAL INVESTIGATION					
42. FAA NINE RESPONSIBILITIES									
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATORS OPINION BASED ON HIS/HER INVESTIGATION									
1. FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>	4. AIRMAN/AIR AGENCY COMPETENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		7. SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>						
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>	5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>		8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input type="checkbox"/>						
3. AIRWORTHINESS YES <input type="checkbox"/> NO <input type="checkbox"/>	6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/>		9. FAR VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>						
43. BRIEF EXPLANATION OF ISSUES INVOLVED									
44. FAA IIC NAME DATE REGION DISTRICT OFFICE									

INSTRUCTIONS FOR ACCIDENT/INCIDENT REPORT

1. OCCURRENCE INFORMATION:

THIS FORM IS TO BE FILLED OUT FOR EACH ACCIDENT/INCIDENT AND FORWARDED TO THE REGIONAL FS DIVISION WITHIN 30 DAYS. REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORTS ONLY TO AAI-220.

2. AMENDED DATE:

FOR AMENDED REPORTS FILL IN ITEMS 1,2,3,5, AND 13, REGISTRATION NUMBER ONLY, AND NEW OR CHANGED INFORMATION PERTAINING TO ACCIDENT INVESTIGATION.

3. DATE OF THE OCCURRENCE:

MONTH/DAY/YEAR.

4. FAA (INVESTIGATING OFFICE):

THE FIRST TWO BLOCKS ARE THE REGION. THE SECOND TWO BLOCKS ARE THE NUMERICAL I.D. OF THE FSDO. E.G. EA 21.

5. NTSB ID:

FOR ACCIDENTS ONLY AND SUPPLIED BY THE NTSB OFFICE WITH JURISDICTIONAL RESPONSIBILITY.

6. LOCATION:

CITY: NEAREST CITY OR TOWN.

STATE: 2 LETTER IDENTIFIER.

ZIP CODE: SELF- EXPLANATORY.

7. OPERATOR:

FOR AIR CARRIER OCCURRENCES ONLY. PROVIDE THE NAME OF THE OPERATOR THAT HAS OPERATIONAL CONTROL. THE 4-LETTER DESIGNATOR IS FROM PTRS.

8. AIRPORT:

NAME OF AIRPORT IF OCCURRENCE TOOK PLACE ON AN AIRPORT. AIRPORT DESIGNATOR ACCORDING TO ORDER 73 1 0. 1.

9. TIME:

LOCAL 24 HOUR CLOCK.

10. LATITUDE/ LONGITUDE:

SELF-EXPLANATORY. ALASKA ACCIDENTS ONLY.

11. AIRCRAFT DAMAGE:

CHECK THE MOST SEVERE DAMAGE.

12. COLLISION:

MEANS TWO AIRCRAFT COLLIDED IN THE AIR OR ON THE GROUND. BOTH WERE FLYING OR HAD THE INTENT TO FLY. TWO FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR HAD THE INTENT TO FLY.

13. AIRCRAFT REGISTRATION NUMBER:

E.G. N1234M. MAKE/MODEL: MANUFACTURER/MODEL/SERIES, E.G., DC-9-10. SERIAL NUMBER: SELF EXPLANATORY. YEAR OF MANUFACTURE: E.G. 1994 AIRFRAME CYCLES, AIRFRAME HOURS SELF-EXPLANATORY.

14. FAR PART NUMBER:

CHECK THE REGULATION THAT THE AIRCRAFT WAS OPERATING UNDER. AN AIR CARRIER DOING POSITIONING, TRAINING, ETC., IS PART 9 1. PART 135 AIR TAXI OR AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE CONSIDERED PART OF THE CREW.

15. TYPE OF AIRCRAFT:

SELF- EXPLANATORY (MORE THAN ONE MAY BE CHECKED).

16. POWERPLANT INFORMATION:

(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT):
LIST MAKE/MODEL/SERIES OF ENGINE.

17. PROPELLER INFORMATION:

(ONLY IF CAUSAL TO THE ACCIDENT/INCIDENT):
LIST MAKE/MODEL/SERIES OF PROPELLER.

18. BIOHAZARD AREA:

CHECK YES IF BODY FLUIDS WERE PRESENT. USE OR NONUSE OF PERSONAL PROTECTIVE EQUIPMENT DOES NOT AFFECT THIS QUESTION.

19. TYPE OF LANDING GEAR:

SELF -EXPLANATORY.

20. INJURY SUMMARY:

ENTER THE NUMBERS INVOLVED AND ACCOUNT FOR ALL ON BOARD THE AIRCRAFT, AND ACCOUNT FOR THE PERSONNEL INJURED THAT WERE NOT ON THE AIRCRAFT.

21. FACTORS:

CHECK THE PRIMARY FACTOR FROM EITHER TECHNICAL OR OPERATIONAL FACTORS BLOCK WHICHEVER IS MOST APPROPRIATE.

21A. TECHNICAL FACTORS:

CHECK APPLICABLE BOXES. MORE THAN ONE MAY BE CHECKED. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON HIS/HER INVESTIGATION.

21B. OPERATIONAL FACTORS:

SAME AS 21 A.

21C. PART NAME:

IDENTIFY THE PART NAME THAT FAILED OR IS SUSPECTED OF FAILURE BY THE PROPER NOMENCLATURE THAT IS DEPICTED IN THE MANUFACTURERS PARTS CATALOGUE.

21D. MANUFACTURER:

IDENTIFY THE MANUFACTURER OF THE PART, IF KNOWN.

21E. PART NUMBER:

IDENTIFY THE MANUFACTURER PART NUMBER. THIS WOULD BE THE SAME NUMBER NEEDED TO REQUISITION A REPLACEMENT PART.

21 F. ATA CODE:

REFER TO THE CODE TABLE IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE AND DEFINITIONS DATED JANUARY 1996.

22. TYPE OF OPERATIONS:

CHECK APPROPRIATE BOXES.

23. WEATHER BRIEFING SOURCE:

SAME AS 2 IA.

24. PRECIPITATION:

SAME AS 21A.

25. WEATHER FACTORS:

SAME AS 21 A.

26. PHASE OF FLIGHT:

WHERE ACCIDENT AND INCIDENT SEQUENCE STARTED. CHECK APPLICABLE PHASE.

27. ACTUAL WEATHER CONDITIONS:

CHECK APPROPRIATE BOX.

29. RUNWAY CONDITIONS:

CHECK APPROPRIATE BOX.

29. GENERAL AVIATION ACCIDENTS ONLY:

SELF- EXPLANATORY.

30. EVACUATION OVERVIEW (AIR CARRIER ONLY):

EVACUATION INITIATED YES/NO.
INJURIES: CHECK YES IF INJURIES ATTRIBUTABLE TO EVACUATION.

31. PILOT INFORMATION:

SELF- EXPLANATORY. CHECK THE HIGHEST CERTIFICATE THAT THE PILOT HAS. PIC NAME NOT APPLICABLE IF THE PILOTS ACTIONS OR LACK OF ACTIONS DID NOT CONTRIBUTE TO THE ACCIDENT/INCIDENT. HOWEVER, FOR AIR CARRIER ACCIDENTS, PLEASE PROVIDE PIC DOB, HOURS MAKE AND MODEL, AND TOTAL HOURS.

32. CORRECTIVE ACTION:

SELF- EXPLANATORY.

33. NARRATIVE:

SELF- EXPLANATORY.

34. NTSB PARTICIPATION (ACCIDENT ONLY):

SELF- EXPLANATORY.

35. FAA PARTICIPATION:

SELF- EXPLANATORY. ON-SCENE CAN BE CHECKED IF THE INSPECTOR/ INVESTIGATOR PARTICIPATES IN THE INVESTIGATION BEYOND USE OF THE TELEPHONE, I.E., ENGINE TEARDOWN, INTERVIEW,OR WRECKAGE INVESTIGATION NOT AT THE SCENE OF THE ACCIDENT, ETC.

36. FAA INITIAL NOTIFICATION:

THIS IS THE TIME THE FIRST FAA PERSON WHO DISCOVERS OR IS NOTIFIED OF THE OCCURRENCE. THIS IS USUALLY AIR TRAFFIC.

37. FSDO NOTIFICATION:

THIS IS THE FIRST CALL THAT THE FSDO RECEIVES.

39. FAA IIC ARRIVAL ON SCENE:

SELF-EXPLANATORY.

39. FAA HOURS USED FOR TOTAL INVESTIGATION:

INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES. WHOLE HOURS ONLY.

40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:

WHOLE HOURS ONLY.

41. TOTAL TRAVEL HOURS TO & FROM SCENE:

WHOLE HOURS ONLY.

42. FAA NINE RESPONSIBILITIES (ACCIDENT MANDATORY/INCIDENTS OPTIONAL):

CHECK WHICH OF THE AREAS OF RESPONSIBILITY WERE INVOLVED. THE DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/ INVESTIGATOR BASED ON HIS/HER BACKGROUND, TRAINING, SKILL, AND EXPERIENCE. THE ANNOTATION OF ONE OR MORE RESPONSIBILITIES DOES NOT HAVE TO BE JUSTIFIED OR PROVEN. AN AIRMAN WHO MAKES A MISTAKE WHICH RESULTS IN AN ACCIDENT IS ANNOTATED UNDER AIRMAN/AIR AGENCY COMPETENCE. IT IS NOT NECESSARY TO SUBMIT AN EIR BECAUSE OF ANNOTATION OF VIOLATION.

43. BRIEF EXPLANATION OF ISSUES INVOLVED FOR EACH OF THE NINE RESPONSIBILITIES INVOLVED.

IF NONE INVOLVED, EXPLAIN WHY. SELF-EXPLANATORY.

44. FAA IIC NAME:

PRINT, SIGN, AND DATE.