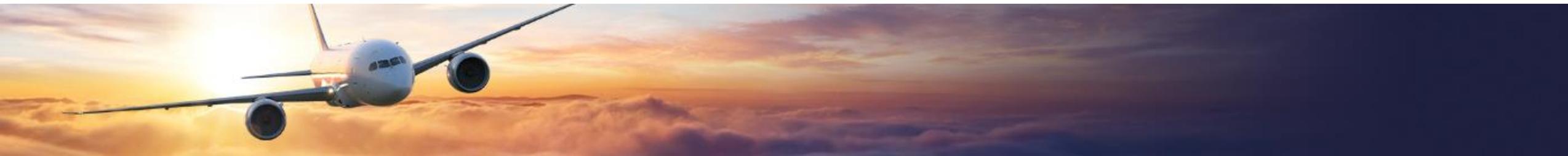


# Dealing with Witnesses and Documents After an Incident/Accident

The Aviation Symposium Webinar Series

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# Presenters



Mark Dombroff



Morgan Campbell



# NTSB Documents

- The Public Docket
- Group Chairman working field notes
- Group Chairman Factual Reports
- How and when are they created?
- Who creates them?
  - Signing off on them
  - Disagreements
- What happens to them?
- To what uses can they put?



# Document Collection

- Suspend document destruction policies
- Freezing documents
- Single point of contact or control for all documents
- Document log
- Copies v. Original
- Freedom of Information Act considerations
- Mark all documents “Proprietary & Confidential Business Sensitive”
- Admissibility in litigation



# What Kinds of Categories of Documents

## Operations/Trainings:

1. Airline Operations Specifications
2. Operations Manual
3. Aircraft Flight Manual
4. Flight Attendant Manual
5. Ground Operations Manual
6. Weight & Balance Manual
7. Training Program Manuals (Flight Crew, Cabin Crew, Dispatch, Maintenance)
8. Training Materials and Syllabi (Flight Crew, Cabin Crew, Dispatch, Maintenance)
9. Check Airman Manual



# What Kinds of Categories of Documents (cont'd)

10. Dispatch/Flight Following Manual
11. MEL/CDL Manual
12. Performance Manual
13. Ground School/Simulator Instructor Manual
14. Company Organizational Chart
15. Checklists (Normal and Emergency)
16. Quick Reference Handbook
17. Safety Briefing Card
18. Service Difficult Reports for Cabin Safety Equipment
19. Cockpit Panels
20. Company Pilot Bulletins in Effect
21. Dispatch/Flight Release
22. Weather Package provided to crew



# What Kinds of Categories of Documents (cont'd)

23. Aircraft Maintenance Log
24. ACARS Communications
25. Computer Flight Plan
26. Current Navigational Charts and Approach Plates
27. NOTAMs
28. De-Icing Records
29. Weight & Balance/Load Manifest
30. Cargo Manifest
31. Passenger Manifest
32. Fuel and Oil Records
33. Documentation of Flight Crew Pre-Employment Checks
34. Personnel Records for Crew, Dispatcher and other involved employees
35. Training Records for Crew, Dispatcher and other involved employees
36. Duty Schedules for Crew, Dispatcher and other involved employees



# What Kinds of Categories of Documents (cont'd)

37. Documentation of Toxicological Testing

38. Toxicological Test Results

39. DOD Audit Records

40. IOSA Audit Records

41. ATOS Job Aids/Audits



# What Kinds of Categories of Documents (cont'd)

## Maintenance:

1. Parts “D” and “E” of the Operating Specifications
  - a. General aircraft maintenance requirements
  - b. Short-term escalation authorization
  - c. Leased aircraft maintenance program (U.S.)
  - d. Leased aircraft maintenance program (foreign)
  - e. Parts-borrowing authorization/program
  - f. ETOPS maintenance program authorization
  - g. Maintenance inspection time limitations
  - h. Minimum equipment list (MEL) and configuration deviation list (CDL) authorization/program



# What Kinds of Categories of Documents (cont'd)

2. The operator's General Maintenance Manual
3. Aircraft Maintenance Manual and Relevant Component Maintenance Manuals
4. A copy of the general airframe manuals
5. A diagram (with names) showing the structure of the maintenance management system. This diagram should delineate management positions down to the level of shop supervisor for each shop (e.g., avionics, engines, etc.)
6. A list of all maintenance and non-maintenance bases (to include the maintenance level classification of each base)
7. A list of all contract maintenance providers (to include maintenance level authorizations and the primary point of contact at each station)
8. A copy of the components repetitive inspection list for the accident aircraft model list component inspections by ATA code.



# What Kinds of Categories of Documents (cont'd)

9. A copy of the conditional inspections list for the model aircraft involved in the accident. (These inspections are only performed when the aircraft has experienced some uncommon condition, e.g., severe turbulence, hard landing, flap over speed, etc.)
10. A list of all of the operator's aircraft by make, model, and tail number



# What Kinds of Categories of Documents (cont'd)

## Aircraft:

1. Aircraft maintenance logs for the last 90 days. Make sure to record the station identifier, mechanic's identification number, and ATA chapter code for any suspicious write-up or corrective action.
2. Aircraft maintenance history data printout for the last 120 days. Print out this history by an ATA code and for any time period that you feel is important.
3. All non-routine work cards for the last periodic check and for the last "D" or "C" level Heavy Check. For a transport-category aircraft, there will probably be hundreds of cards from a "C" or "D" check.
4. All overhaul records for the aircraft's engines, propellers, and primary system components.
5. Routine work cards. If there is a suspect system or component, the routine work cards signed off during the last applicable inspection should be requested. Each action box on the relevant card should be reviewed for inspection findings and corrective actions taken.



# What Kinds of Categories of Documents (cont'd)

6. Conditional inspection history for life of aircraft. Because these inspections are only performed if the aircraft has experienced a special or unusual condition, it is important to search the work cards for evidence of damage and repairs.
7. Contract maintenance before final flight. Talk directly to the contract shop supervisor to determine if maintenance was performed.
8. Aircraft damage report. This might be the only place that will say if the aircraft was damaged while out of service (e.g., service truck colliding with engine pylon while aircraft is parked at gate overnight).
9. List of major repairs and alterations.
10. A list of all STC work that has been accomplished on the accident aircraft.
11. Engine condition monitoring data for the last 30 days. There may be a formal or informal program or just untracked data recorded on the daily aircraft maintenance log.



# What Kinds of Categories of Documents (cont'd)

12. Engine change log. This log will show you which aircraft within the fleet the engines on the accident aircraft have been on in the past. If there is a suspect engine, you can review its maintenance history (by engine ATA code) for the period it was on the previous aircraft.
13. Engine and airframe vibration monitoring data.
14. List of MEL/CDL items currently being carried on the accident aircraft. Determine from the master MEL the category (A, B, C, or D) of any carried items, and whether any B or C category items are on an extension.
15. List of all ADs for the accident aircraft. Confirm compliance date and methods.
16. Service difficulty reports (SDR) or maintenance defect reports (MDR) for any suspect component. Data may be obtained through the local FSDO or by calling (405) 954-6509. Be very specific and narrow the request as much as possible (there may be thousands of MDRs for a specific model of aircraft.)



# What Kinds of Categories of Documents (cont'd)

17. List of service bulletins/letters, by title, that apply to the accident aircraft and its components.
18. List of cancellations/diversions/deviations for the accident aircraft (and all others of the same model) for the last 6 months. If possible, have data listed separately for each maintenance base.
19. Weight and balance sheet. If weight or cg might an issue, check the compliance date, location, and method used for the last weight and balance check. If electronic scales were used, check the method and date of calibration and certification.
20. Import and return-to-service documentation. If the accident aircraft or its engines were imported from a foreign country in the recent past, review all import process documentation and the actions taken qualifying the aircraft to be returned to service. You may have to contact and possibly interview the involved designated airworthiness representative (DAR) who handled this process. You may also need to contact the FAA office that provided oversight of the DAR.



# What Kinds of Categories of Documents (cont'd)

21. Maintenance training program. Collect in-house training program documentation for engine, airframe and systems, to include curriculum, instructor qualification/training, participation percentage, recurrent training, training on special systems, and record-keeping.



# NTSB Form 6120.1

FORM APPROVED FOR USE THROUGH 09/30/2011 BY OMB NO. 3147-0001

## NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

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

### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **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.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20584.

The Pilot/Operator Aircraft Accident/Incident 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.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately. If more space is needed, continue on a blank sheet.

**Nearest City/Place:** Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

**Date & Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

**Max Gross Weight:** Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Airworthiness Certificate:** For light sport aircraft, if aircraft certificated as "Light Sport - Experimental," check both the "Light Sport" and "Experimental" check boxes.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

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

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

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

5. "Serious Injury" means any injury that (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 fingers, toes, or nose); (3) causes 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.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

**Public Use:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

**Air Medical Flight:** Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Purpose of Flight (FAR 91.103, 133, 137):** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**BUSINESS**—Includes all personal flying without a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying with a paid, professional crew.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, food seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/component, or evaluating an applicant for a pilot certificate or rating.

**PUBLIC USE**—See definition above.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft - Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identification:** Provide the official 3 or 4 character airport identifier.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

**NOTAMS (D, (L) and FDC), AIRMETs, SIGMETs, PIREP:** Describe all NOTAMS, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMS, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

**Pilot Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

**Additional Flight Crew Members:** Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the Instructions for the official definition of injury levels. Occasants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses: when appropriate choose all responses that apply.

**These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.ntsb.gov>>.**

NTSB Form 6120.1 (rev. 2/2011). This form replaces 6120.1.2.

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# NTSB Form 6120.1

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents																	
<b>BASIC INFORMATION</b>																	
Accident/Incident Location Nearest City/Place: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)				Date/Time Date: mm/dd/yyyy Local Time: _____ Time Zone: _____													
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Other <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL													
<b>AIRCRAFT INFORMATION</b>																	
Manufacturer: _____ Model: _____ Serial Number: _____ Registration Number: _____ Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from _____ nose or _____ datum -or- _____ Percent Mean Aerodynamic Cord (%MAC)															
Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/D dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate (Check all that apply) <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: _____ If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown											
Type of Maintenance Program <input type="checkbox"/> Azzual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: mm/dd/yyyy Aircraft Total Time: _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident													
IFR Equipped <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify _____													
ELT Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____															
Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____													
Engine		Engine Manufacturer		Engine Model/Series		Manufacturer's Serial Number		Date of Mfg. mm/dd/yyyy		Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust		Total Time (hours)		Time Since Inspection (hours)		Time Since Overhaul (hours)	
Eng. 1																	
Eng. 2																	
Eng. 3																	
Eng. 4																	

3

<b>OWNER/OPERATOR INFORMATION</b>			
Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner Address City: _____ State: _____ ZIP: _____ Country: _____	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Flightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International	
Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft		Cargo Operation <input type="checkbox"/> Passenger/Cargo How many? _____ <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail <input type="checkbox"/> Unknown	
<b>OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)</b>			
Aircraft Registration Number _____		Manufacturer: _____	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)</b>			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (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	
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Destroyed		Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> In-Flight <input type="checkbox"/> On-Ground <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> Unknown Origin	
		Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> In-Flight <input type="checkbox"/> On-Ground <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> Unknown Origin	

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# NTSB Form 6120.1

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i>			
<b>AIRPORT INFORMATION</b> <i>(if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: _____ ft MSL	
Approach Segment <i>(Select one)</i>			
<input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final		<input type="checkbox"/> Go Around	
<input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Abort Landing (after touchdown)			
<b>IFR Approach</b> <i>(Check all that apply)</i>		<b>VFR Approach</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> Stop and Go <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sideslip <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Go Around <input type="checkbox"/> Precision Landing <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Curing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown			
<b>Runway Information</b>		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Wet <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown	
<b>FLIGHT ITINERARY INFORMATION</b>			
<b>Last Departure Point</b>	<b>Time of Departure</b>	<b>Destination</b>	<b>Type Flight Plan Filed</b>
Airport ID: _____	Time: _____	Airport ID: _____	<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: _____	Time Zone: _____	City: _____	<input type="checkbox"/> Company VFR <input type="checkbox"/> IFR
State: _____		State: _____	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: _____		Country: _____	<input type="checkbox"/> VFR <input type="checkbox"/> Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
<b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
<b>Aircraft Load Description</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
<b>FUEL &amp; SERVICES INFORMATION</b>			
<b>Fuel on Board at Last Takeoff</b> <i>(convert from pounds, as necessary)</i>		<b>Fuel Type</b>	
_____ Gallons		<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
<b>Other Services, if Any, Prior to Departure</b>			

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<b>EVACUATION OF AIRCRAFT</b>			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location			
<b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>			
<b>Weather Observation Facility</b>		<b>Source of Weather Information</b> <i>(Check all that apply)</i>	
Facility ID: _____		<input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Observation Time: _____		Time Zone: _____	
Time Zone: _____		Distance from Accident Site: _____ NM	
Direction from Accident Site: _____ degrees MAG		Direction from Accident Site: _____ degrees MAG	
<b>Briefing Type/Completeness</b>		<b>Light Condition</b>	
<input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Dark Night <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Bright Night <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Not Reported		<input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
<b>Sky/Lowest Cloud Condition</b>		<b>Restriction to Visibility</b> <i>(Check all that apply)</i>	
<input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Scattered <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
<b>Lowest Cloud Condition Height</b>		<b>Ceiling Height</b>	
# AGL _____ ft AGL		# AGL _____ ft AGL	
<b>Wind Direction</b>	<b>Wind Speed</b>	<b>Wind Gusts</b>	<b>Type of Turbulence</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Velocity: _____ KTS or _____ mph <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Velocity: _____ KTS <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Clearing <input type="checkbox"/> Not Gusting	<input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Visibility of Thunderstorm <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
<b>NOTAMS (D, L and FDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident</b>			
<b>Temperature:</b> _____ (C) _____ (F)		<b>Icing Forecast</b>	
<b>Altimeter Setting:</b> _____ in HG _____ MB		<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Type <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	
<b>Density Altitude:</b> _____ ft		<b>Type of Precipitation</b> <i>(Check all that apply)</i>	
<b>Dew Point:</b> _____ (C) _____ (F)		<input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Clear <input type="checkbox"/> Hail <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Rain Showers <input type="checkbox"/> Snow Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	
		<b>Intensity of Precipitation</b>	
		<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

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# NTSB Form 6120.1

**ADDITIONAL INFORMATION** *(Please type or print in ink)*  
 Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

<b>Date of this Report</b> mm/dd/yyyy	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: _____
<b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b> Signature: _____ Type or Print Name: _____ Title: _____	

FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received



# Witnesses

- NTSB will interview witnesses on scene and after leaving scene
- Who attends interview
- Entitled to “representation”
- Preparation of witnesses
- How is the interview conducted?
- How is the interview recorded?
- “Do you have anything else to add?”
- Reviewing notes/narratives of the interview
  - By the witness
  - By counsel
- Uses to where the interview can be put

