												ATQA REPORT NUMBER									
												4 3/1	ZNID	ED D	A TIT	7 N/I	\mathbf{a}		A	VD	
FAA ACCIDENT / INCIDENT REPORT							<u> </u>	2. AMENDED DATE MO DA YR L													
	ACCIDEN	т			INCII)FN1	г				14. FAR PART NUMBER 15A. TYPE OF AIRCRAFT 91 AIRPLANE BLIMP/AIRSHIP ULTRALIC						ULTRALIGHT				
1. ACCIDENT INCIDENT											91 SUBPAR	TK (F	RACTIONAL)		HELICOPTER		GYROF	PLANE		LIGHT SPORT	
												103 105				GLIDER BALLOON			BUILT/A IMENTA	MATEUR	UAS
3. D	ATE OF E	EVE	NT		MO		DA	YR				121				OTHER					
									-	125 15B. AIRWORTHINESS											
4. FAA OFFICE REGION OFFICE NUMBER											133				NONE STANDAR	PROVISIONAL					
4. FAA OFFICE REGION OFFICE NUMBER												135 ON DE								LIMITED	
											137 141						T SPORT AIRCRAFT AL (SELECT CERTIFICATE PURPOSE BELOW)				
	TSB ID		OTHER				R PLANT MAKE/MODEI							AND DEVELO							
6. LOCATION: CITY/STATE/ZIP										,	10.	OWEKI	LAI	NI MAK	E/IVI		O	SHO		COMPLIANCE	
											17. PROPELLER MAKE/MODEL SER					EL CEDI	TC		EW TRA		
7. O	PERATOR N	IAME	Ē								17. 1	PROPEL	LEK MAKE/MOL			YES NO		AIR	RACIN RKET S	G	
							FOUR	LETTI	ER IDENTIF	IER											BUILT AIRCRAFT
	ARPORT				2.0	. 4 1 1 1 7	- LETTER ID				18. BIOHAZARD AREA							ERATIN CRAFT	G PRIMARY K	IT BUILT	
	APPLICABLE) OCAL TIME	,								-	BIOHAZARD PPE USED YES NO OPERATING LIGHT SPORT AIRCR 19. TYPE OF LANDING GEAR					RT AIRCRAFT					
σ. L	OCAL HIVE	•			24-	HOUR	CLUCK]	19.	1								ADDITION	IC III II I
10A.	LATITUDE				10B I.C	NGIT	UDE			1		CONVEN		NAL	SKI		EI O A	TC		MPHIBIOU THER	IS TULL
		A 76 / A -	CE .	IONE		ONGITUDE ON GUNCTANTIAL DESTROYER				/EF	TRICYCLE FLOATS				AMPHIBIOUS FLOA SKIDS			UTHER			
	IRCRAFT DA			IONE	MINO		SUBSTANTIA	1L	DESTROY		20.	INJURY	/ON-	BOARD				UNK	NOW	N	
12. C	OLLISION -	BET	WEEN T	WO A	IRCRA	FT	YES NO		AIR GROUND	H	~~•	(CR1)		T.CREW	_	BIN CREW	PASS		_	OTHER	TOTAL
12 A	IRCRAFT				TION NU						UNI	NJURED									
13. A	IKCKAFI		SEC	COND A	IRCRAFT	-	ATE A D. O.E.			-	MIN										
REGI	STRATION					YEAR OF MANUFACTURE				-		IOUS									
MAK	E/MODEL					AI	TOTAL RFRAME HRS.				FAT										
SERL	AL NO.					AI	RFRAME CYCI	LES		\vdash	тот										
21. F	ACTORS - II	DENTI	FY PRIM	ARY F	ACTOR A	AS A.	IDENTIFY S	ECON	DARY FA				S X.						1		
	HECKING OF FAC				THE INVE	_		R BASEI	O ON THE IN	VVEST.	IGAT	TON.						22. T	YPE	OF OPE	RATIONS
21A.	TECHNICA		ACTOR	.S		NON	E	21B.	OPER.	ATI	ON	AL FAC	TOI	RS		NONE					
	GEAR COLLA GEAR UP LAN		2		FOD	OWER			FUEL DEPI					SABOTA					IKNO'		
	FIRE OR EXP					MPROI	MPROPER FUEL PILOT INDUC				ED ERROR PILOT I			NCAPACITATED				PERSONAL			
	FUEL CONTA				CORRO	GROUND CRI							PILOT INCP. ALCOHOL			CARGO					
						HT FIRE OTHER TH			IAN P				DOWNWIND TAKEOFF				INSTRUCTION				
	DESIGN OF A		AFT			AME DIDE A MAD					E INCIDENT			CARBURETOR ICE				BUSINESS			
	METAL FATION IMPROPER M		ENANCE			PER PART					SS WEIGHT			HIT KNOWN OBJECT				CORPORATE			
	IMPROPER MAINTENANCEIMPROIIMPROPER INSTALLATIONAVION					ICS CG			CG OUT OF LIMITS			EMERGENCY LANDING			3	FERRY					
	AD NON-CON		NCE		GYRO				STRUCK ANIMAL				HARD LANDING				AERIAL APPLICATION				
	DECOMPRES FIRE AFTER I		ING		AUTO-F	TO JIG			IRD STRIKE			OVERSHOT RUNWAY				AERIAL OBSERVATION					
				ALTIMI	ETER PAX I				TURBANCE				UNDERSHOT RUNWAY			,	AMBULANCE / AIR EVAC				
						SPONDER STOLEN A								LOSS OF CONTROL				FIREFIGHTING			
	IF. JASC CODE COMPO					ONENT FAILURE HIJACK AIRC					STALL			STALL/S	SPIN			BANNER TOW			
21C.	ANI NAME			21D. IVI	ANUFAC	ACTURER 21E. PART NUM					DEK			MISMANAGED GEAR				AIR SHOW			
23.	WX. BR	<u>IE</u> FI	NG SO	URC	CE CE	24.	PRE	CIP	ITATI(<u>N</u>				MISMAN	NAGE	ED CONTR	OLS	SIC	SHTSI	EEING	
	NOT APPLICABLE/NOT AVAILABLE						NOT APPLICABLE/NOT AVAIL					Е		ABORTED TAKEOFF				SKYDIVING / PARACHUTE			
	NATIONAL WEATHER SERVICE					RAIN							AIRFRAME ICE/FROST				AIR TOUR				
	FLIGHT SERVICE STATION				HAIL SLEET					 				TURBULENCE			PUBLIC USE				
	COMMERCIAL WX. SERVICE PATWAS VOICE RESP. SYSTEM			YSTEM									WEATHER			COMMERCIAL					
	COMPANY		TV/RAD				FREEZING	DRIZZ	LE				26.			FLIGHT			KNO		
	MILITARY		COMPU'	TER BE	RIEFING		FREEZING	RAIN	·				-0.	GROUNI			CRUIS			MANEU	IVER
	PIREP		UNKNO	WN			DRIZZLE							TAXI			DESC				/HOLDING
	OTHER						OTHER							TAKEOF			LAND			CLIMB	
25.	<u> </u>			WEA	THER	FAC	TOPS							DEPARTU			APPRO	DACH HDOWN		RUN-UI OTHER	
NONE / NOT APPLICABLE						THUNDERSTORM					CLIMB OUT					ROLLOUT					
HAZE CROSSWIND								A.U.A				27. ACTUAL WEATHER									
DUST							TURBULENCE/WINDSTORM				IMC					VMC NOT AVAILABLE					
	SMOKE DENSITY ALTITU											28. RUNWAY CONDITIONS TIME REPORTED									
	FOG LIGHTNING STRIKE								NOT APPLICA												
	BLOWING DUST						BLOWING SNOW				DRY WET SLUSH SNOW (WET) SI					SNOW (DRY)					
	BLOWING SMOKE ICING CONDITIONS						WHITE OUT SMO				ICE (COVERED) ICE (PATCHES) STANDING W					WATER					
ICING CONDITIONS GUSTY WINDS						WIND SHEAR SAI OTHER				SAN	NDSTORM OTHER				_						
	Form 8020-2		1.10)	II IDEDG	EDEC EA	FORM		020.16			TON	70 DD D7 D 6			TECT	TO CHANG	NE.		CNI 00	52-00-923-1	000

									A REPORT NUMBER		
29. PILOT TRAINING (CHE	COV ALL T	TIAT ADD	Y V PECODD THE	TWO MOST DECENT 1	ED ANIMO EMENTO JE ADDI ICAL	DI E/AV	AN ADIE)		UNKNOWN		
29. PILUI IRAINING (CHE	1 1	1 1	LY, RECORD THE	IWO MOST RECENT I	RAINING EVENTS, IF APPLICAL				UNKNOWN		
SAFETY SEMINAR/CLINIC	YES NO	UNK	(MO / DA / YR)	(MO/DA/YR)	AIR CARRIER TRANSITIO		YES NO UNK	(MO / DA / YR)	(MO / DA / YR)		
WINGS PROGRAM					SIMULATOR						
AIR CARRIER INITIAL	$\sqcup \!\!\! \perp$	 			COMM/THIRD PARTY (CONTRACT TRAINING)	,					
AIR CARRIER RECURRENT	\vdash				OTHER						
AIR CARRIER RE-QUALIFICATION			FX.4			7	CI I				
30. EVACUATION OVERVIE						NO		SECOND P	YES NO		
		111	JI AFFLIC	ABLE	CERTIFICATE		<u>T</u>	SECOND 1			
NAME	-			1	RECREATIONAL	-	+		<u> </u>		
DATE OF BIRTH		MO	O DA	YR	STUDENT			MO DA	YR		
DATE HIRED (AIR CARRIER ONLY)		MO	O DA	YR	PRIVATE			MO DA	YR		
DOMICILE ZIP CODE				Ī	COMMERCIAL						
HOURS IN MAKE AND MODEL					FLIGHT INST.						
HOURS IN LAST 90 DAYS					ATP		<u> </u>				
HOURS IN LAST YEAR					FOREIGN PILOT						
TOTAL HOURS					SPORT						
CERTIFICATE NO.					NON-PILOT	\perp					
REGULATORY CHECK RIDE		Mo	O DA	YR	OTHER			MO DA	YR		
32. CORRECTIVE ACTION(S) PLAN	NED OR			44709 RE-EXAM	SDR COUNSELING I	EIR]				
33.				TION OR DEFECT REI	PORT OTHER TIONAL SHEETS AS NE						
					S THAT ARE RELEVANT TO TH						
					INVESTIGATION						
34. NTSB PARTICIPATION	ON-SCE		LIMITED		35. FAA PARTICIPATION OF				NOT ACCESSIBLE		
36. FAA INITIAL NOTIF		N	37.		TIFICATION	38	3. FA	A IIC ARRIVAL O			
MO DA	YR				DLOCAL TIME DA YR			DATE AND LOCAL T	YR		
]								7		
	FAA HOU TOTAL IN		FOR 40.		TOTAL HOURS USED AT ACCIDENT SCENI	D 41	1.		24-HR CLOCK TOTAL TRAVEL HOURS TO & FROM SCENE		
42.	IUIAL L	(VESITO.	ATION —	FAA NINE RES	SPONSIBILITIES	Ŀ			U & FRUM SCENE		
1 EAA EACH ITIES VE			7		TIGATORS OPINION BASED O				VEC NO		
1. FAA FACILITIES YE		NO _	-	AIR AGENCY COM			7. SECURIT		YES NO		
2. NON FAA FACILITIES YE	is	NO	5. FAR CHA	NGE NEEDED	YES NO) []	8. AIRMAN	MEDICAL QUALIF.	YES NO		
3. AIRWORTHINESS YE	ES	NO	6. AIRPORT	CERTIFICATION	YES NO) [9. FAR VIOL	.ATION	YES NO		
43. BRIEF EXPLANATION OF ISSUE	S INVOL	VED									
44. FAA IIC NAME				DATE	REG	GION		DISTRICT OFF	ICE		

INSTRUCTIONS FOR FAA FORM 8020-23 ACCIDENT/INCIDENT REPORT

1. OCCURRENCE INFORMATION:

FAA FORM 8020-23 IS TO BE COMPLETED FOR EACH ACCIDENT AND INCIDENT AND FORWARDED TO THE RESPONSIBLE REGIONAL FLIGHT STANDARDS DIVISION WITHIN 30 DAYS. THE REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORT ONLY TO AAI-220 WITHIN 15 DAYS OF RECEIPT OF ORIGINAL.

2. AMENDED DATE:

INSERT 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:

COMPLETE THE EVENT DATE (MONTH/DAY/YEAR) IN FORMAT MMDDYY.

4. FAA (INVESTIGATING OFFICE):

THE FIRST TWO BLOCKS ARE THE REGION ID. THE SECOND TWO BLOCKS ARE THE NUMERICAL ID OF THE FSDO (E.G., EA 21).

5. NTSB ID:

INSERT NTSB REPORT NUMBER FOR ACCIDENTS AND INCIDENTS. THE NUMBER IS SUPPLIED BY THE NTSB OFFICE WITH JURISDICTIONAL RESPONSIBILITY

6. LOCATION:

CITY: NEAREST CITY OR TOWN TO THE OCCURRENCE.
STATE: 2 LETTER IDENTIFIER OF THE STATE OR TERRITORY CODE.
ZIP CODE: ZIP CODE OF NEAREST CITY OR TOWN LOCATION.

7. OPERATOR:

PROVIDE THE NAME OF THE OPERATOR THAT HAS OPERATIONAL CONTROL OF THE AIRCRAFT INVOLVED IN THE EVENT. THE 4-LETTER DESIGNATOR IS FROM OPSS/SPAS/VIS.

8. AIRPORT:

PROVIDE THE AIRPORT NAME AND 4-LETTER ID IF OCCURRENCE TOOK PLACE ON AN AIRPORT. USE AIRPORT DESIGNATOR IAW FAA 7350.7B.

9. TIME:

PROVIDE THE TIME OF THE OCCURRENCE IN LOCAL 24 HOUR CLOCK.

10. LATITUDE / LONGITUDE:

PROVIDE GEOGRAPHIC INFORMATION FOR ALASKA AND OCEANIC EVENTS.

11. AIRCRAFT DAMAGE:

PROVIDE THE MOST SEVERE DAMAGE TO AIRCRAFT FROM CATEGORIES.

12. COLLISION:

IDENTIFY IF TWO AIRCRAFT ARE INVOLVED; AND IF TWO COLLIDED IN THE AIR OR ON THE GROUND. TWO FAA 8020-23 FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR HAD THE INTENT TO FLY.

13. AIRCRAFT REGISTRATION NUMBER:

COMPLETE AIRCRAFT REGISTRATION INFORMATION (E.G. REGISTRATION: N1234M. MAKE/MODEL: E.G. DC-9-10. SERIAL NUMBER: 99347YT78. YEAR OF MANUFACTURE: E.G. 1994). ALSO PROVIDE AIRFRAME CYCLES AND AIRFRAME HOURS IN WHOLE NUMBERS.

14. FAR PART NUMBER:

PROVIDE THE FEDERAL AVIATION REGULATION THAT THE AIRCRAFT WAS OPERATING UNDER. NOTES: AN AIR CARRIER DOING POSITIONING, TRAINING IS PART 91. PART 135 AIR TAXI AND AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE PART OF THE CREW.

15. TYPE OF AIRCRAFT:

PROVIDE THE TYPE OF AIRCRAFT AND AIRWORTHINESS CERTIFICATE (MORE THAN ONE TYPE MAY BE CHECKED IN SOME CASES).

16. POWER PLANT INFORMATION:

PROVIDE THE MAKE/MODEL/SERIES OF ENGINE ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.

17. PROPELLER INFORMATION:

PROVIDE THE MAKE/MODEL/SERIES OF PROPELLER ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.

18. BIOHAZARD AREA:

PROVIDE BIOHAZARD AREA INFORMATION. NOTE: SELECT 'YES' IF BODY FLUIDS PRESENT. ALSO PROVIDE USE OR NONUSE OF PERSONAL PROTECTIVE EQUIPMENT INFORMATION.

19. TYPE OF LANDING GEAR:

PROVIDE TYPE OF LANDING GEAR OF AIRCRAFT INVOLVED IN EVENT.

20. INJURY SUMMARY:

ENTER THE COUNT FOR EACH INJURY TYPE BY PERSON CATEGORY FOR ALL ON BOARD THE AIRCRAFT. ACCOUNT FOR PERSONNEL INJURED THAT WERE NOT ON THE AIRCRAFT UNDER OTHER.

21. FACTORS:

SELECT THE MOST APPROPRIATE PRIMARY FACTOR FROM EITHER TECHNICAL OR OPERATIONAL FACTORS. SELECT ALL SECONDARY FACTORS.

21A. TECHNICAL FACTORS:

SELECT ALL APPLICABLE FACTORS. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.

21B. OPERATIONAL FACTORS:

SELECT ALL APPLICABLE FACTORS. THIS IS THE

INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.

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.

21F. ATA CODE:

ENTER ATA CODES IAW TABLES IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE AND DEFINITIONS.

22. TYPE OF OPERATIONS:

SELECT TYPE OF OPERATIONS AIRCRAFT PERFORMED AT TIME OF OCCURRENCE.

23. WEATHER BRIEFING SOURCE:

SELECT WEATHER SOURCE PROVIDING WEATHER AT TIME OF OCCURRENCE.

24. PRECIPITATION:

SELECT ALL APPLICABLE PRECIPITATION FACTORS AT TIME OF OCCURRENCE.

25. WEATHER FACTORS:

SELECT ALL APPLICABLE WEATHER FACTORS AT TIME OF OCCURRENCE.

26. PHASE OF FLIGHT:

SELECT PHASE OF FLIGHT WHERE ACCIDENT OR INCIDENT SEQUENCE STARTED.

27. ACTUAL WEATHER CONDITIONS:

SELECT ACTUAL WEATHER CONDITION AT TIME OF OCCURRENCE.

28. RUNWAY CONDITIONS:

ENTER RUNWAY DESIGNATOR AND RUNWAY INFORMATION IF EVENT OCCURRED ON A RUNWAY.

29. PILOT TRAINING INFORMATION:

ENTER TYPE AND DATE OF ALL TRAINING RECEIVED WITHIN LAST 24 MONTHS.

30. EVACUATION OVERVIEW:

SELECT IF AN EVACUATION WAS INITIATED; AND SELECT IF INJURIES OCCURRED ATTRIBUTABLE TO EVACUATION.

31. PILOT INFORMATION:

REQUIRED ONLY IF PILOT ACTIONS OR LACK OF ACTIONS CONTRIBUTED TO THE ACCIDENT/INCIDENT. ENTER ALL PILOT INFORMATION, INCLUDING THE HIGHEST CERTIFICATE MAINTAINED BY PILOT.

32. CORRECTIVE ACTION:

SELECT APPLICABLE CORRECTIVE ACTION(S) PLANNED OR INITIATED.

33. NARRATIVE:

ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT.

34. NTSB PARTICIPATION:

IDENTIFY LEVEL OF NTSB PARTICIPATION IN INVESTIGATION.

35. FAA PARTICIPATION:

IDENTIFY LEVEL OF FAA PARTICIPATION IN INVESTIGATION. 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.

36. FAA INITIAL NOTIFICATION:

IDENTIFY THE TIME THE FIRST FAA FACILITY IS MADE AWARE OF THE OCCURRENCE EITHER THROUGH DISCOVERY OR NOTIFICATION NOTE: USUALLY FIRST NOTIFICATION IS TO AIR TRAFFIC.

37. FSDO NOTIFICATION:

IDENTIFY THE FIRST CALL ON THE OCCURRENCE RECEIVED BY THE FSDO.

38. FAA IIC ARRIVAL ON SCENE:

IDENTIFY THE DATE AND TIME THE FAA IIC ARRIVES ON THE SCENE.

39. FAA HOURS USED FOR TOTAL INVESTIGATION:

IDENTIFY TOTAL HOURS FAA SPENT ON THE INVESTIGATION. THIS INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES IN WHOLE HOURS ONLY.

40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:

IDENTIFY TOTAL HOURS FAA SPENT AT THE SCENE IN WHOLE HOURS ONLY.

41. TOTAL TRAVEL HOURS TO & FROM SCENE:

IDENTIFY TOTAL HOURS FAA SPENT ON TRAVEL TO AND FROM SCENE IN WHOLE HOURS ONLY.

42. FAA NINE RESPONSIBILITIES:

IDENTIFY FAA AREAS OF RESPONSIBILITY INVOLVED. DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/INVESTIGATOR BASED ON BACKGROUND, TRAINING, SKILL, AND EXPERIENCE. 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.

DESCRIBE RELEVANT ISSUES SURROUNDING THE OCCURRENCE. IF NO ISSUES, EXPLAIN WHY.

44. FAA IIC INFORMATION:

ENTER IIC INFORMATION NAME AND OFFICE, AND DATE FORM COMPLETED.