



										ATQA REPORT NUMBER																																																																															
29. PILOT TRAINING (CHECK ALL THAT APPLY, RECORD THE TWO MOST RECENT TRAINING EVENTS, IF APPLICABLE/AVAILABLE.)																				<input type="checkbox"/> ALL UNKNOWN																																																																					
					YES	NO	UNK	(MO / DA / YR)					(MO / DA / YR)										YES	NO	UNK	(MO / DA / YR)					(MO / DA / YR)																																																										
SAFETY SEMINAR/CLINIC																		AIR CARRIER TRANSITION																																																																							
WINGS PROGRAM																		SIMULATOR																																																																							
AIR CARRIER INITIAL																		COMM/THIRD PARTY (CONTRACT TRAINING)																																																																							
AIR CARRIER RECURRENT																		OTHER																																																																							
AIR CARRIER RE-QUALIFICATION																																																																																									
30. EVACUATION OVERVIEW (AIR CARRIER ONLY)																				EVACUATION INITIATED					<input type="checkbox"/> YES					<input type="checkbox"/> NO					EVACUATION INJURIES					<input type="checkbox"/> YES					<input type="checkbox"/> NO																																												
31. PILOT INFORMATION										NOT APPLICABLE <input type="checkbox"/>										CERTIFICATE TYPE					SECOND PILOT																																																																
NAME															RECREATIONAL																																																																										
DATE OF BIRTH					<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>										STUDENT										<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>																																																																
DATE HIRED (AIR CARRIER ONLY)					<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>										PRIVATE										<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>																																																																
DOMICILE ZIP CODE					<div><div></div><div></div><div></div><div></div><div></div></div>										COMMERCIAL										<div><div></div><div></div><div></div><div></div><div></div></div>																																																																
HOURS IN MAKE AND MODEL					<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>										FLIGHT INST.										<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>																																																																
HOURS IN LAST 90 DAYS					<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>										ATP										<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>																																																																
HOURS IN LAST YEAR					<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>										FOREIGN PILOT										<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>																																																																
TOTAL HOURS					<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>										SPORT										<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>																																																																
CERTIFICATE NO.															NON-PILOT																																																																										
REGULATORY CHECK RIDE					<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>										OTHER										<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>																																																																
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED																				NONE <input type="checkbox"/>					44709 RE-EXAM <input type="checkbox"/>					SDR <input type="checkbox"/>					COUNSELING <input type="checkbox"/>					EIR <input type="checkbox"/>																																																	
																				MALFUNCTION OR DEFECT REPORT <input type="checkbox"/>					OTHER <input type="checkbox"/>																																																																
33.																				NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) (ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT)																																																																					
CONDUCT OF INVESTIGATION																																																																																									
34. NTSB PARTICIPATION										ON-SCENE <input type="checkbox"/>										LIMITED <input type="checkbox"/>										NONE <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																																																											
<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>															<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>															<div><div></div><div></div></div> <div>MO</div> <div><div></div><div></div></div> <div>DA</div> <div><div></div><div></div></div> <div>YR</div>																																																											
<div><div></div><div></div><div></div><div></div></div> <div>24 - HOUR CLOCK</div>															<div><div></div><div></div><div></div><div></div></div> <div>24 - HOUR CLOCK</div>															<div><div></div><div></div><div></div><div></div></div> <div>24-HR CLOCK</div>																																																											
39. <div><div></div><div></div><div></div><div></div></div> <div>FAA HOURS USED FOR TOTAL INVESTIGATION</div>															40. <div><div></div><div></div><div></div><div></div></div> <div>TOTAL HOURS USED AT ACCIDENT SCENE</div>															41. <div><div></div><div></div><div></div><div></div></div> <div>TOTAL TRAVEL HOURS TO & FROM SCENE</div>																																																											
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 VIOLATION										YES <input type="checkbox"/>										NO <input type="checkbox"/>									
43. BRIEF EXPLANATION OF ISSUES INVOLVED																																																																																									
44. FAA IIC NAME																																								DATE										REGION										DISTRICT OFFICE																													

FAA Form 8020-23 (01-10)

SUPERSEDES FAA FORMS 8020-5 and 8020-16

INFORMATION IS PRELIMINARY AND SUBJECT TO CHANGE

NSN: 0052-00-923-1000

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.