

NOTICE

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

N 8020.181

National Policy

Date
12/09/09

Cancellation Date:
12/09/10

SUBJ: Completing FAA Form 8020-23, Accident/Incident Report

- 1. Purpose of This Notice.** This notice provides new policy and procedures for the completion of FAA Form 8020-23, Accident/Incident Report, by Certificate-holding District Offices (CHDO), Flight Standards District Offices (FSDO), International Field Offices (IFO) and Certificate Management Offices (CMO) and authorized Headquarters personnel. Effective January 1, 2010, all personnel responsible for completing FAA Form 8020-23 will begin using the electronic Air Traffic Quality Assurance (ATQA) database to capture information obtained while investigating aircraft accidents and incidents.
- 2. Audience.** This notice is intended for Aviation Safety Inspectors and Air Safety Investigators who conduct aviation accident/incident investigations.
- 3. Where Can I Find This Notice?** This notice is available on the MYFAA employee Web site at https://employees.faa.gov/tools_resources/orders_notices and through the Flight Standards Information Management System (FSIMS) at <http://fsims.avs.faa.gov>.
- 4. Effective Date:** January 1, 2010.
- 5. Background.** Quarterly audits conducted by the staff in AAI-200, Recommendation and Analysis Division, Office of Accident Investigation, have identified inconsistencies in the data provided on FAA Form 8020-23. A review of the audit found that improvement in the area of data collection and transmission was needed. The ATQA will provide users with a tool that allows them to create an accident and incident report, insert, review, and transmit the data electronically.
- 6. Discussion.** We chose the ATQA data system to ensure that accident and incident information obtained is accurate. The data will be electronically transmitted to the Accident/Incident Data System (AIDs) maintained by the Flight Standards Service, Regulatory Support Division, Aviation Data Systems Branch. The Director of Flight Standards Service and a Professional Aviation Safety Specialists (PASS) representative have been informed of the intent to implement the ATQA data system beginning January 1, 2010.

7. Inspector Authorization to Use the ATQA Database. Inspectors must complete the Web-based ATQA introductory training course, number FAA27100014 found on the Electronic Learning Management System (eLMS) employee training site. To access the course, inspectors may have to contact the eLMS Help Desk (405-954-4568) and request that the course be added to their learning plan.

a. To obtain a user ID and password to access the site, complete the following steps:

(1) Complete the FAA eLMS training course;

(2) From any AVS computer system, open the ATQA Web page, <http://atqa.faa.gov/reportingsystem/logon.jsp>;

(3) Click on “Request An Account” from the top right of the screen;

(4) Complete the registration form and click on “Submit” and select “FSDO Inspector” or administrative staff;

(5) Look for your registration information found in your Lotus Notes account; and

(6) Logon to: <http://atqa.faa.gov/reportingsystem/logon.jsp> and change your password as requested.

b. Helpdesk support is available 24 hours a day, 7 days a week to help users with application issues. Users can email their questions to: 9-AWA-ATQA-Helpdesk@faa.gov or call 800-404-1159.

8. Completion and Distribution of FAA Form 8020-23 Accident/Incident Report (Appendix A). This notice amends the following guidance: FAA Order 8020.11 Aircraft Accident and Incident Notification, Investigation and Reporting.

9. Action. All FAA Form 8020-23 Accident/Incident reports must be completed using ATQA in accordance with guidance in this notice. The information collected will provide the FAA with vital information concerning accidents and incidents. To create a report:

a. Access <http://atqa.faa.gov> and complete the logon;

b. Select the type of report you want to create: FAA Form 8020-23, FAA Accident/Incident Report;

c. Fill in all applicable data fields of FAA Form 8020-23;

d. Complete the report and select save;

e. Coordinate form through supervisory levels as required, and submit form to the regional point of contact who will then submit the report to FAA Headquarters; and

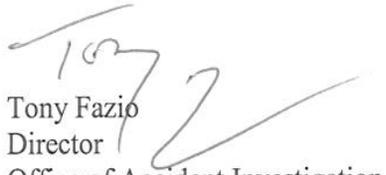
f. Notify units that require knowledge of this event through Lotus Notes, available in ATQA.

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10. Disposition. This information will be incorporated in the next change to FAA Order 8020.11, Aircraft Accident and Incident Notification, Investigation and Reporting, before this notice expires. Please direct questions or comments regarding this information to the Accident Investigation Division, AAI-100, Office of Accident Investigation.

11. Distribution. This notice is distributed to all Flight Standards Service field offices and appropriate Headquarters personnel


Tony Fazio
Director
Office of Accident Investigation

Appendix A. FAA Form 8020-23, Accident/Incident Report

FAA ACCIDENT / INCIDENT REPORT		2 AMENDED DATE MO <input type="checkbox"/> DA <input type="checkbox"/> YR <input type="checkbox"/>		ATQA REPORT NUMBER	
1 ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/>		14 FAR PART NUMBER		15A TYPE OF AIRCRAFT	
3 DATE OF EVENT MO <input type="checkbox"/> DA <input type="checkbox"/> YR <input type="checkbox"/>		91 91 SUBPART K (FRACATIONAL)		AIRPLANE <input type="checkbox"/> BLIMP/AIRSHIP <input type="checkbox"/> ULTRALIGHT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> GYROPLANE <input type="checkbox"/> LIGHT SPORT <input type="checkbox"/> GLEIDER <input type="checkbox"/> HOMEBUILT/AMATEUR <input type="checkbox"/> UAS <input type="checkbox"/> BALLOON <input type="checkbox"/> EXPERIMENTAL <input type="checkbox"/> OTHER <input type="checkbox"/>	
4 FAA OFFICE REGION <input type="checkbox"/> OFFICE NUMBER <input type="checkbox"/>		103 105 121		15B AIRWORTHINESS	
5 NTSB ID <input type="checkbox"/>		125 129 133		NONE <input type="checkbox"/> STANDARD <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> 133 ON DEMAND <input type="checkbox"/> RESTRICTED <input type="checkbox"/> PRIMARY <input type="checkbox"/> LIMITED <input type="checkbox"/> 133 COMMUTER <input type="checkbox"/> SPECIAL LIGHT SPORT AIRCRAFT <input type="checkbox"/> 137 141 OTHER <input type="checkbox"/> EXPERIMENTAL (SELECT CERTIFICATE PURPOSE BELOW)	
6 LOCATION: CITY/STATE/ZIP		16 POWER PLANT MAKE/MODEL SERIES YES <input type="checkbox"/> NO <input type="checkbox"/>		RESEARCH AND DEVELOPMENT <input type="checkbox"/> SHOWING COMPLIANCE WITH REGULATIONS <input type="checkbox"/> CREW TRAINING <input type="checkbox"/> EXHIBITION <input type="checkbox"/> AIR RACING <input type="checkbox"/> MARKET SURVEY <input type="checkbox"/> OPERATING AMATEUR BUILT AIRCRAFT <input type="checkbox"/> OPERATING PRIMARY KIT BUILT AIRCRAFT <input type="checkbox"/> OPERATING LIGHT SPORT AIRCRAFT <input type="checkbox"/>	
7 OPERATOR NAME		17 PROPELLER MAKE/MODEL SERIES YES <input type="checkbox"/> NO <input type="checkbox"/>		18 BIOHAZARD AREA YES <input type="checkbox"/> NO <input type="checkbox"/> BIOHAZARD PPE USED YES <input type="checkbox"/> NO <input type="checkbox"/>	
8 AIRPORT (IF APPLICABLE) 3 OR 4 LETTER ID <input type="checkbox"/>		19 TYPE OF LANDING GEAR		CONVENTIONAL <input type="checkbox"/> SKIS <input type="checkbox"/> AMPHIBIOUS HULL <input type="checkbox"/> TRICYCLE <input type="checkbox"/> AMPHIBIOUS FLOATS <input type="checkbox"/> OTHER <input type="checkbox"/> FLOATS <input type="checkbox"/> SKIDS <input type="checkbox"/>	
9 LOCAL TIME 24 HOUR CLOCK <input type="checkbox"/>		20 INJURY/ON-BOARD SUMMARY UNKNOWN <input type="checkbox"/>		FLT CREW <input type="checkbox"/> CABIN CREW <input type="checkbox"/> PASSENGERS <input type="checkbox"/> OTHER <input type="checkbox"/> TOTAL <input type="checkbox"/>	
10A LATITUDE 10B LONGITUDE		UNINJURED		TOTAL	
11 AIRCRAFT DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> DESTROYED		MINOR		SERIOUS	
12 COLLISION - BETWEEN TWO AIRCRAFT YES <input type="checkbox"/> NO <input type="checkbox"/> AIR GROUND <input type="checkbox"/>		FATAL		TOTAL	
13 AIRCRAFT REGISTRATION NUMBER SECOND AIRCRAFT		21 FACTORS - IDENTIFY PRIMARY FACTOR AS A IDENTIFY SECONDARY FACTORS, IF ANY, AS X CHECKING OF FACTORS IS THE OPINION OF THE INVESTIGATOR/INSPECTOR BASED ON THE INVESTIGATION		22 TYPE OF OPERATIONS	
REGISTRATION YEAR OF MANUFACTURE		21A TECHNICAL FACTORS <input type="checkbox"/> NONE		21B OPERATIONAL FACTORS <input type="checkbox"/> NONE	
MAKE/MODEL TOTAL AIRFRAME HRS		GEAR COLLAPSE <input type="checkbox"/> LOST POWER <input type="checkbox"/> GEAR UP LANDING <input type="checkbox"/> FOD <input type="checkbox"/> FIRE OR EXPLOSION <input type="checkbox"/> AUTO/IMPROPER FUEL <input type="checkbox"/> FUEL CONTAMINATION <input type="checkbox"/> CORROSION <input type="checkbox"/> BLADE/ROTOR FAILURE <input type="checkbox"/> INFLIGHT FIRE <input type="checkbox"/> DESIGN OF AIRCRAFT <input type="checkbox"/> SMOKE/FUMES <input type="checkbox"/> METAL FATIGUE <input type="checkbox"/> INFLIGHT BREAKUP <input type="checkbox"/> IMPROPER MAINTENANCE <input type="checkbox"/> IMPROPER PART <input type="checkbox"/> IMPROPER INSTALLATION <input type="checkbox"/> AVIONICS <input type="checkbox"/> AD NON-COMPLIANCE <input type="checkbox"/> GYRO <input type="checkbox"/> DECOMPRESSION <input type="checkbox"/> NAVIGATION SYSTEM <input type="checkbox"/> FIRE AFTER LANDING <input type="checkbox"/> AUTO-PILOT <input type="checkbox"/> SYSTEM FAILURE <input type="checkbox"/> ALTIMETER <input type="checkbox"/> RADIO/COMMUNICATION <input type="checkbox"/> TRANSFONDER <input type="checkbox"/> 21F JASC CODE <input type="checkbox"/> COMPONENT FAILURE <input type="checkbox"/>		FUEL DEPLETION <input type="checkbox"/> SABOTAGE <input type="checkbox"/> PILOT INDUCED ERROR <input type="checkbox"/> PILOT INCAPACITATED <input type="checkbox"/> PERSONAL <input type="checkbox"/> GROUND CREW ERROR <input type="checkbox"/> PILOT INCP ALCOHOL <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER THAN PILOT <input type="checkbox"/> DOWNWIND TAKEOFF <input type="checkbox"/> INSTRUCTION <input type="checkbox"/> PARACHUTE INCIDENT <input type="checkbox"/> CARBURETOR ICE <input type="checkbox"/> BUSINESS <input type="checkbox"/> OVER GROSS WEIGHT <input type="checkbox"/> HIT KNOWN OBJECT <input type="checkbox"/> CORPORATE <input type="checkbox"/> CG OUT OF LIMITS <input type="checkbox"/> EMERGENCY LANDING <input type="checkbox"/> FERRY <input type="checkbox"/> STRUCK ANIMAL <input type="checkbox"/> HARD LANDING <input type="checkbox"/> AERIAL APPLICATION <input type="checkbox"/> BIRD STRIKE <input type="checkbox"/> OVERSHOT RUNWAY <input type="checkbox"/> AERIAL OBSERVATION <input type="checkbox"/> PAX DISTURBANCE <input type="checkbox"/> UNDERSHOT RUNWAY <input type="checkbox"/> AMBULANCE / AIR EVAC <input type="checkbox"/> STOLEN AIRCRAFT <input type="checkbox"/> LOSS OF CONTROL <input type="checkbox"/> FIREFIGHTING <input type="checkbox"/> HIJACK AIRCRAFT <input type="checkbox"/> STALL/SPIN <input type="checkbox"/> BANNER TOW <input type="checkbox"/> MISMANAGED GEAR <input type="checkbox"/> AIR SHOW <input type="checkbox"/>	
SERIAL NO AIRFRAME CYCLES		21C PART NAME 21D MANUFACTURER 21E PART NUMBER		MISMANAGED CONTROLS <input type="checkbox"/> SIGHTSEEING <input type="checkbox"/> ABORTED TAKEOFF <input type="checkbox"/> SKYDIVING / PARACHUTE <input type="checkbox"/> AIRFRAME ICE/FROST <input type="checkbox"/> AIR TOUR <input type="checkbox"/> WAKE TURBULENCE <input type="checkbox"/> PUBLIC USE <input type="checkbox"/> WEATHER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>	
23 WX BRIEFING SOURCE		24 PRECIPITATION		26 PHASE OF FLIGHT UNKNOWN <input type="checkbox"/>	
NOT APPLICABLE/NOT AVAILABLE		NOT APPLICABLE/NOT AVAILABLE		GROUND <input type="checkbox"/> CRUISE <input type="checkbox"/> MANEUVER <input type="checkbox"/>	
NATIONAL WEATHER SERVICE		RAIN		TAXI <input type="checkbox"/> DESCENT <input type="checkbox"/> HOVER/HOLDING <input type="checkbox"/>	
FLIGHT SERVICE STATION		HAIL		TAKEOFF <input type="checkbox"/> LANDING <input type="checkbox"/> CLIMB <input type="checkbox"/>	
COMMERCIAL WX SERVICE		SLEET		DEPARTURE ROLL <input type="checkbox"/> APPROACH <input type="checkbox"/> RUN-UP AREA <input type="checkbox"/>	
PATWAS VOICE RESP SYSTEM		SNOW		ROTATION <input type="checkbox"/> TOUCHDOWN <input type="checkbox"/> OTHER <input type="checkbox"/>	
COMPANY TV/RADIO WEATHER		FREEZING DRIZZLE		CLIMB OUT <input type="checkbox"/> ROLL OUT <input type="checkbox"/>	
MILITARY COMPUTER BRIEFING		FREEZING RAIN		27 ACTUAL WEATHER	
PIREP UNKNOWN		DRIZZLE		IMC <input type="checkbox"/> VMC <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>	
OTHER		OTHER		28 RUNWAY CONDITIONS TIME REPORTED	
25 WEATHER FACTORS		THUNDERSTORM		NOT APPLICABLE <input type="checkbox"/>	
NONE / NOT APPLICABLE		CROSSWIND		<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SLUSH <input type="checkbox"/> SNOW (WET) <input type="checkbox"/> SNOW (DRY) <input type="checkbox"/> <input type="checkbox"/> ICE (COVERED) <input type="checkbox"/> ICE (PATCHES) <input type="checkbox"/> STANDING WATER <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/>	
HAZE		TURBULENCE/WINDSTORM			
DUST		DENSITY ALTITUDE			
SMOKE		LIGHTNING STRIKE			
FOG		BLOWING SNOW			
BLOWING DUST		WHITE OUT <input type="checkbox"/> SMOG <input type="checkbox"/>			
BLOWING SMOKE		WIND SHEAR <input type="checkbox"/> SANDSTORM <input type="checkbox"/>			
ICING CONDITIONS		OTHER			
GUSTY WINDS					

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					STUDENT						
DATE HIRED (AIR CARRIER ONLY)					PRIVATE						
DOMICILE ZIP CODE					COMMERCIAL						
HOURS IN MAKE AND MODEL					FLIGHT INST						
HOURS IN LAST 90 DAYS					ATP						
HOURS IN LAST YEAR					FOREIGN PILOT						
TOTAL HOURS					SPORT						
CERTIFICATE NO					NON-PILOT						
REGULATORY CHECK RIDE					OTHER						
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					
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 TOTAL HOURS USED AT ACCIDENT SCENE			41 TOTAL TRAVEL HOURS TO & FROM SCENE					
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			

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. **FAA 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