

NOTICE

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION

N 8020.185

National Policy

Effective Date:
04/27/10

Cancellation Date:
04/27/11

SUBJ: Use of FAA Form 8020-23 in Reporting Aircraft Accidents That Occur Outside the United States

1. Purpose of This Notice. This notice provides guidance concerning the completion of FAA Form 8020-23, Aircraft Accident/Incident Report, when an accident occurs involving an aircraft of United States registry, operated by a U.S. operator, or designed or manufactured in the United States, which occurs outside the territory of the United States.

2. Audience. The primary audience for this notice is Flight Standards District Office (FSDO) aviation safety inspectors. The secondary audience includes Flight Standards Service branches and divisions in the regions and in headquarters.

3. Where You Can Find This Notice. You can find this Notice on the MyFAA Web site: https://employees.faa.gov/tools_resources/orders_notices/. You can also access this notice through the Flight Standards Information Management System (FSIMS) at <http://fsims.avs.faa.gov>.

4. Background.

a. Annex 13 of the International Convention on Civil Aviation (Chicago Convention) provides that the responsibilities for accident and incident investigation are held by the following states in the listed circumstances:

- (1) Within the territory of a contracting state: The state of occurrence.
- (2) In the territory of a non-contracting state: In cooperation with the state of occurrence, in order or precedence, the state of registry, operator, design, or manufacture,
- (3) Outside the territory of any state: The state of registry.
- (4) In all cases, the responsible state may delegate the accident to another state by mutual agreement.

b. In most cases, states other than the United States have jurisdiction over investigations of accidents and incidents that occur outside the United States, even when involving aircraft of U.S. registry, a U.S. operator, or aircraft designed or manufactured in the United States. The United States Government should not present an appearance of conducting an investigation that challenges that jurisdiction.

c. Accordingly, this notice prescribes the manner in which 8020-23 forms should be completed to reflect the priority of the Annex 13 investigation being conducted by the cognizant state investigative authority, and meet FAA requirements.

5. Guidance. When an aircraft accident or incident occurs outside the United States involving an aircraft of U.S. registry, operated by a U.S. operator, or of U.S. design or manufacture, the United States Government will designate an accredited representative, typically an air safety investigator from the National Transportation Safety Board. The Federal Aviation Administration will normally assign an air safety investigator or aviation safety inspector as the FAA Investigator-in-Charge (IIC), who will participate as the technical advisor to the accredited representative.

FAA Form 8020-23 shall be completed by the IIC per the instructions found on page three of the form, with the addition that Item 33, Narrative, should include this statement:

“The investigation of this accident is being conducted by the <Name of ICAO State and investigating body>. The NTSB has assigned an accredited representative to assist the investigation under the provisions of ICAO Annex 13 as the <state of registry, operator, design or manufacture, as appropriate>. The Federal Aviation Administration and <any other U.S. organizations> have been designated as advisors to the accredited representative.

This report is issued for factual data collection and recording of findings relative to FAA continued operational safety responsibilities.”

6. ACTION.

a. Investigations of U.S. civil aircraft accidents which occur outside the territory of the United States shall be conducted in accordance with the most current FAA Order 8020.11, Aircraft Accident and Incident Notification, Investigation and Reporting, Chapter 7.

b. When completing Form 8020-23, FAA Accident/Incident Report:

(1) Enter location in Block 6 as City, State/Province, Nation. In cases where an accident occurs outside a national territory, indicate location by best description (ie. South Atlantic Ocean 300 nm east of Natal, Brazil).

(2) Insert the language referenced in 5. (above) in Block 33.

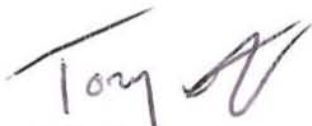
(3) See Appendix B for an example of a completed FAA Form 8020-23 for a foreign air carrier accident, involving a foreign registered aircraft of U.S. manufacture which occurred

outside the United States, and a U.S. general aviation operator accident which occurred outside the United States.

7. Disposition. We will permanently incorporate the information in this notice in the most current FAA Order 8020.11 before this notice expires. Any questions or comments regarding the information provided should be directed to the Accident Investigation Division, AVP-100, at (202) 267-8190.

8. Distribution. We will distribute this notice to the division level in the Flight Standards Service in Washington headquarters, including the Regulatory Standards Division at the Mike Monroney Aeronautical Center; to the branch level in the regional Flight Standards divisions to all Flight Standards District Offices and to the Transportation Safety Institute. Flight Standards Inspectors can access this notice through the Flight Standards Information Management System (FSIMS) at <http://fsims.avr.faa.gov>. Operators may find this information on the Federal Aviation Administration's (FAA) Web site at:

http://www.faa.gov/library/manuals/examiners_inspectors/8000/


S Jay J. Pardee

Director, Office of Accident Investigation and Prevention

Appendix 1. Foreign air carrier operating a foreign registered aircraft of United States manufacture; accident outside the United States.

FAA ACCIDENT / INCIDENT REPORT				2. AMENDED DATE MO <input type="checkbox"/> DA <input type="checkbox"/> YR <input type="checkbox"/>			
1. ACCIDENT <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/>				13. AIRCRAFT			
3. DATE OF EVENT <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="9"/>				REGISTRATION EI-BRTZ			
4. FAA OFFICE <input type="text" value="W"/> <input type="text" value="A"/> <input type="text" value="4"/> <input type="text" value="5"/>				MAKE/MODEL Boeing B-757-205			
5. NTSB ID <input type="text" value="D"/> <input type="text" value="C"/> <input type="text" value="A"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="W"/> <input type="text" value="A"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="9"/>				SERIAL NO. 98765			
6. LOCATION-CITY/STATE/ZIP S. Pacific Ocean, 30 nm SE Faaa Apt, Tahiti, Fr. Polynesia				YEAR OF MANUFACTURE <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="8"/>			
7. OPERATOR NAME Jet Pacific				TOTAL AIRFRAME HRS (WHOLE HOURS) <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="7"/>			
8. AIRPORT (IF APPLICABLE) 1-OR 4-LETTER ID <input type="text" value="N"/> <input type="text" value="T"/> <input type="text" value="A"/> <input type="text" value="A"/>				AIRFRAME CYCLES (AIR CARRIER ONLY) <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="0"/>			
9. LOCAL TIME 24-HOUR CLOCK <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="5"/>				16. POWER PLANT MAKE/MODEL/SERIES (IF APPLICABLE) P&W PW2000			
10A. LATITUDE S 18° 01' 40"				17. PROPELLER MAKE/MODEL/SERIES (IF APPLICABLE)			
10B. LONGITUDE W 149° 56' 45"				18. BIOHAZARD AREA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
11. AIRCRAFT DAMAGE				19. TYPE OF LANDING GEAR			
12. COLLISION - BETWEEN TWO AIRCRAFT				CONVENTIONAL <input type="checkbox"/> SKIS <input type="checkbox"/>			
NONE <input type="checkbox"/> YES <input type="checkbox"/> AIR <input type="checkbox"/>				TRICYCLE <input checked="" type="checkbox"/> AMPHIBIOUS <input type="checkbox"/>			
MINOR <input type="checkbox"/> NO <input checked="" type="checkbox"/> GROUND <input type="checkbox"/>				FLOATS <input type="checkbox"/>			
SUBSTANTIAL <input type="checkbox"/> REGISTRATION NUMBER				20. INJURY SUMMARY UNKNOWN <input type="checkbox"/>			
DESTROYED <input checked="" type="checkbox"/> SECOND AIRCRAFT				NONE <input type="checkbox"/> FLT CREW <input type="checkbox"/> CABIN CREW <input type="checkbox"/> PASSENGERS <input type="checkbox"/> OTHER <input type="checkbox"/> TOTAL <input type="text" value="234"/>			
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			
21A. TECHNICAL FACTORS				PERSONAL <input type="checkbox"/>			
21B. OPERATIONAL FACTORS				COMMERCIAL <input checked="" type="checkbox"/>			
GEAR COLLAPSE <input type="checkbox"/> FIRE AFTER LANDING <input type="checkbox"/> FUEL DEPLETION <input checked="" type="checkbox"/> SABOTAGE <input type="checkbox"/>				CARGO <input type="checkbox"/>			
GEAR UP LANDING <input type="checkbox"/> SYSTEM FAILURE <input type="checkbox"/> PILOT INDUCED <input type="checkbox"/> PILOT INCAPACITATED <input type="checkbox"/>				INSTRUCTION <input type="checkbox"/>			
FIRE OR EXPLOSION <input type="checkbox"/> COMPONENT FAILURE <input type="checkbox"/> GROUND CREW <input type="checkbox"/> PILOT INCP. ALCOHOL <input type="checkbox"/>				CORPORATE <input type="checkbox"/>			
FUEL CONTAMINATION <input checked="" type="checkbox"/> LOST POWER <input type="checkbox"/> OTHER THAN PILOT <input type="checkbox"/> DOWNWIND TAKEOFF <input type="checkbox"/>				FERRY <input type="checkbox"/>			
BLADE/ROTOR FAILURE <input type="checkbox"/> FOD <input type="checkbox"/> PARACHUTE INCIDENT <input type="checkbox"/> CARBURETOR ICE <input type="checkbox"/>				AERIAL APPLICATION <input type="checkbox"/>			
DESIGN OF AIRCRAFT <input type="checkbox"/> AUTO/IMPROPER FUEL <input type="checkbox"/> OVER GROSS WEIGHT <input type="checkbox"/> HIT KNOWN OBJECT <input type="checkbox"/>				AMBULANCE <input type="checkbox"/>			
METAL FATIGUE <input type="checkbox"/> CORROSION <input type="checkbox"/> CG OUT OF LIMITS <input type="checkbox"/> EMERGENCY LANDING <input checked="" type="checkbox"/>				FIREFIGHTING <input type="checkbox"/>			
IMPROPER MAINTENANCE <input type="checkbox"/> INFLIGHT FIRE <input type="checkbox"/> STRUCK ANIMAL <input type="checkbox"/> HARD LANDING <input type="checkbox"/>				BANNER TOW <input type="checkbox"/>			
IMPROPER INSTALLATION <input type="checkbox"/> SMOKE/FUMES <input type="checkbox"/> BIRD STRIKE <input type="checkbox"/> OVERSHOT RUNWAY <input type="checkbox"/>				AIR SHOW <input type="checkbox"/>			
AD NON-COMPLIANCE <input type="checkbox"/> INFLIGHT BREAKUP <input type="checkbox"/> FAX DISTURBANCE <input type="checkbox"/> UNDERSHOT RUNWAY <input type="checkbox"/>				SIGHTSEEING <input type="checkbox"/>			
DECOMPRESSION <input type="checkbox"/> IMPROPER PART <input type="checkbox"/> STOLEN AIRCRAFT <input type="checkbox"/> LOSS OF CONTROL <input type="checkbox"/>				SKYDIVING <input type="checkbox"/>			
21F. ATA CODE <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>				STALL/SPIN <input type="checkbox"/>			
21G. PART NAME				21H. MANUFACTURER			
21I. PART NUMBER				21J. PART NUMBER			
23. WX. BRIEFING SOURCE				24. PRECIPITATION			
NOT APPLICABLE/NOT AVAILABLE <input type="checkbox"/>				NOT APPLICABLE/NOT AVAILABLE <input type="checkbox"/>			
NATIONAL WEATHER SERVICE <input checked="" type="checkbox"/>				RAIN <input type="checkbox"/>			
FLIGHT SERVICE STATION <input type="checkbox"/>				HAIL <input type="checkbox"/>			
PATWAS <input type="checkbox"/>				SLEET <input type="checkbox"/>			
VOICE RESP. SYSTEM <input type="checkbox"/>				SNOW <input type="checkbox"/>			
COMPANY <input checked="" type="checkbox"/>				FREEZING DRIZZLE <input type="checkbox"/>			
COMMERCIAL WX SERVICE <input type="checkbox"/>				FREEZING RAIN <input type="checkbox"/>			
TV/RADIO WEATHER <input type="checkbox"/>				DRIZZLE <input type="checkbox"/>			
MILITARY <input type="checkbox"/>				OTHER <input type="checkbox"/>			
COMPUTER BRIEFING <input type="checkbox"/>							
25. WEATHER FACTORS				26. PHASE OF FLIGHT			
NONE / NOT APPLICABLE <input checked="" type="checkbox"/>				GROUND <input type="checkbox"/> CRUISE <input type="checkbox"/> MANEUVER <input type="checkbox"/>			
HAZE <input type="checkbox"/>				TAXI <input type="checkbox"/> DESCENT <input type="checkbox"/> HOVER <input type="checkbox"/>			
DUST <input type="checkbox"/>				TAKEOFF <input checked="" type="checkbox"/> APPROACH <input type="checkbox"/> OTHER <input type="checkbox"/>			
SMOKE <input type="checkbox"/>				CLIMB <input type="checkbox"/> LANDING <input type="checkbox"/>			
FOG <input type="checkbox"/>							
BLOWING DUST <input type="checkbox"/>				27. ACTUAL WEATHER			
BLOWING SMOKE <input type="checkbox"/>				IMC <input type="checkbox"/> VMC <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/>			
ICING CONDITIONS <input type="checkbox"/>				28. RUNWAY CONDITIONS NOT APPLICABLE <input checked="" type="checkbox"/>			
GUSTY WINDS <input checked="" type="checkbox"/>				DRY <input type="checkbox"/> SNOW <input type="checkbox"/>			
				WET <input type="checkbox"/> SLUSH <input type="checkbox"/>			
				ICE <input type="checkbox"/> STANDING WATER <input type="checkbox"/>			

29 GENERAL AVIATION ACCIDENTS ONLY				30 EVACUATION OVERVIEW (AIR CARRIER ONLY)			
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>				EVACUATION INITIATED		EVACUATION INJURIES	
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31 PILOT INFORMATION NOT APPLICABLE <input type="checkbox"/>				CERTIFICATE TYPE		SECOND PILOT	
NAME		Joseph John Pitcairn		RECREATIONAL		Samuel Fletcher Christian	
DATE OF BIRTH		03 14 57 MO DA YR		STUDENT		09 19 75 MO DA YR	
DATE HIRED (AIR CARRIER ONLY)		11 15 03 MO DA YR		PRIVATE		07 17 07 MO DA YR	
DOMICILE ZIP CODE				COMMERCIAL			
HOURS MAKE AND MODEL		4517		FLIGHT INST.		723	
HOURS LAST 90 DAYS		98				34	
TOTAL HOURS		16488				2154	
CERTIFICATE NO.		Fr. Polynesia AT-AM-0711		A7P		Fr. Polynesia COM-AM-5105	
REGULATORY CHECK RIDE		08 11 09 MO DA YR		NON-PILOT		03 07 09 MO DA YR	
32 CORRECTIVE ACTION(S) PLANNED OR INITIATED NONE <input checked="" type="checkbox"/> 44789 BEXAM <input type="checkbox"/> EIR <input type="checkbox"/> SDR <input type="checkbox"/> COUNSELING <input type="checkbox"/> M or D <input type="checkbox"/> OTHER <input type="checkbox"/>							
33 NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) (ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT) The investigation of this accident is being conducted by the French BEA under an agreement with the government of French Polynesia. The NTSB has assigned an Accredited Representative to assist the investigation under the provisions of ICAO Annex 13 as the state of design and manufacture. The US Federal Aviation Administration, Boeing, and Pratt & Whitney have been designated as advisors. This report is issued for factual data collection and recording of findings relative to FAA continued operational safety responsibilities. Aircraft crashed in the Pacific Ocean after pilot reported a dual engine failure while holding for weather improvement at destination airport.							
CONDUCT OF INVESTIGATION							
34 NTSB PARTICIPATION ON-SCENE <input checked="" type="checkbox"/> LIMITED <input type="checkbox"/>				35 FAA PARTICIPATION ON-SCENE <input checked="" type="checkbox"/> NOT ON-SCENE <input type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>			
36 FAA INITIAL NOTIFICATION DATE AND LOCAL TIME 12 06 09 MO DA YR 0935 24-HOUR CLOCK		37 FSDO NOTIFICATION DATE AND LOCAL TIME 10 06 09 MO DA YR 1115 24-HOUR CLOCK		38 FAA IIC ARRIVAL ON SCENE DATE AND LOCAL TIME 12 09 09 MO DA YR 1830 24-HOUR CLOCK			
39 210 FAA HOURS USED FOR TOTAL INVESTIGATION		40 104 TOTAL HOURS USED AT ACCIDENT SCENE		41 25 TOTAL TRAVEL HOURS TO & FROM SCENE			
42 FAA NINE RESPONSIBILITIES IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATOR'S OPINION BASED ON HIS/HER INVESTIGATION							
1. FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. AIRMAN/AIR AGENCY COMPETENCE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. SECURITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. AIRWORTHINESS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9. FAR VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
43 BRIEF EXPLANATION OF ISSUES INVOLVED 4. Crew and dispatcher competence: Failed to consider effects of observed increased headwinds on fuel requirements, failed to recognize deteriorating fuel state while holding for weather improvement at destination until diversion to alternate airport was impossible. Aircraft experienced dual engine flameout due to fuel exhaustion while exiting holding at initial approach fix.							
Robert D. Asim		02/13/2010		WA		45	
44 FAA IIC NAME		DATE		REGION		DISTRICT OFFICE	

FAA Form 8020-23 (12-99)

SUPERSEDES FAA FORMS 8020-5 and 8020-16

INFORMATION IS PRELIMINARY AND SUBJECT TO CHANGE

NSN: 0053-00-923-1000

AFS Electronic Forms System - v2.2

U.S. general aviation operator, accident outside the United States.

29 GENERAL AVIATION ACCIDENTS ONLY				EVACUATION OVERVIEW (AIR CARRIER ONLY)			
DID PILOT ATTEND SAFETY SEMINAR OR CLINIC WITHIN PAST 3 YEARS?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
DID PILOT PARTICIPATE IN WINGS PROGRAM WITHIN PAST 3 YEARS?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
DID PILOT ATTEND ANY OTHER RECURRENT TRAINING WITHIN THE PAST 3 YEARS?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
EVACUATION INITIATED				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
EVACUATION INJURIES				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
1. PILOT INFORMATION NOT APPLICABLE <input type="checkbox"/>				CERTIFICATE TYPE		SECOND PILOT	
NAME		Donald Canard		RECREATIONAL			
DATE OF BIRTH		07/27/70		STUDENT			
DATE HIRED (AIR CARRIER ONLY)				PRIVATE			
DOMICILE ZIP CODE		70119		COMMERCIAL			
HOURS MAKE AND MODEL		776		FLIGHT INST.			
HOURS LAST 90 DAYS		97		ATP			
TOTAL HOURS		4739		NON-PILOT			
CERTIFICATE NO.		43923456					
REGULATORY CHECK RIDE		04/13/09					
32. CORRECTIVE ACTION(S) PLANNED OR INITIATED							
NONE <input type="checkbox"/> 44700 RENAM <input checked="" type="checkbox"/> EIR <input checked="" type="checkbox"/> SDR <input type="checkbox"/> COUNSELING <input type="checkbox"/> M or D <input type="checkbox"/> OTHER <input type="checkbox"/>							
33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY) (ONLY STATE THE FACTS THAT ARE CAUSAL TO THE ACCIDENT/INCIDENT)							
<p>The investigation of this accident is being conducted by the Colombian Aeronautica Civil. The NTSB has assigned an Accredited Representative to assist the investigation under the provisions of ICAO Annex 13 as the state of registry and operator. The US Federal Aviation Administration, Twin Commander and Honeywell have been designated as advisors.</p> <p>This report is issued for factual data collection and recording of findings relative to FAA continued operational safety responsibilities.</p> <p>The pilot was attempting a downwind takeoff on a soggy grass runway. The takeoff was aborted late and the aircraft over-ran the departure end, crossed a ditch, breaking off the main landing gear. The aircraft came to rest in an auto repair shop, where it caught fire.</p>							
34. CONDUCT OF INVESTIGATION							
NTSB PARTICIPATION ON-SCENE <input type="checkbox"/> LIMITED <input checked="" type="checkbox"/>				FAA PARTICIPATION ON-SCENE <input type="checkbox"/> NOT ON-SCENE <input checked="" type="checkbox"/> SCENE NOT ACCESSIBLE <input type="checkbox"/>			
35. FAA INITIAL NOTIFICATION		37. FSDO NOTIFICATION		39. FAA IIC ARRIVAL ON SCENE			
DATE AND LOCAL TIME		DATE AND LOCAL TIME		DATE AND LOCAL TIME			
06/01/09		06/01/09					
MO DA YR		MO DA YR		MO DA YR			
0900 24-HOUR CLOCK		0900 24-HOUR CLOCK					
36. FAA HOURS USED FOR TOTAL INVESTIGATION		40. TOTAL HOURS USED AT ACCIDENT SCENE		41. TOTAL TRAVEL HOURS TO & FROM SCENE			
15		0		0			
42. FAA NINE RESPONSIBILITIES							
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATOR'S OPINION BASED ON HIS/HER INVESTIGATION							
1. FAA FACILITIES		4. AIRMAN/AIR AGENCY COMPETENCE		7. SECURITY			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2. NON FAA FACILITIES		5. FAR CHANGE NEEDED		8. AIRMAN MEDICAL QUALIF			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. AIRWORTHINESS		6. AIRPORT CERTIFICATION		9. FAR VIOLATIONS			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
43. BRIEF EXPLANATION OF ISSUES INVOLVED							
<p>4. The pilot attempted a takeoff on a 3,200 foot long soggy grass runway with a 10 knot tailwind, and aborted the takeoff too late.</p> <p>9. The pilot attempted to takeoff at 1,600 pounds over the maximum allowable takeoff weight.</p>							
44. FAA IIC NAME		DATE		REGION		23. DISTRICT OFFICE	
Michael Moskowitz		07/10/2009		SO			