

## AIRCRAFT ACCIDENT/INCIDENT REPORT

(Check box(es) where applicable.)

New Jersey Department of Transportation  
 Bureau of Aeronautics  
 1035 Parkway Ave, PO Box 600  
 Trenton, NJ 08625  
<http://www.nj.gov/transportation/airwater/aviation/>  
 Phone: (609) 963-2100 - Fax: (609) 530-5270

REGISTRATION MARK  <b>N -</b>	DATE OF ACCIDENT
-------------------------------------	------------------

1. LOCATION CITY OR PLACE, STATE	ELEVATION FT.	LOCAL TIME ZONE	A.M. P.M.
-------------------------------------	---------------	-----------------	--------------

*If accident occurred on approach or takeoff at an airport, give the following information:*

ON AIRPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF AIRPORT	MAGNETIC BEARING FROM NEAREST AIRPORT	RUNWAY	Type of Surface & Condition
DEGREES:		DIRECTION:		
MILES:		LENGTH:		

2. AIRCRAFT DATA	AIRCRAFT MAKE & MODEL	SERIAL NO.	TOTAL TIME AIRCRAFT	ENGINE MAKE AND MODEL	TIME SINCE OVERHAUL 	ENGINE # 1	ENGINE # 2
DATE OF LAST ANNUAL/ PROGRESSIVE INSPECTION		TIME SINCE LAST 100 HOUR INSPECTION:		CATEGORY OF CERTIFICATE			
<input type="checkbox"/> NORMAL		<input type="checkbox"/> UTILITY		<input type="checkbox"/> ACROBATIC			
<input type="checkbox"/> RESTRICTED		<input type="checkbox"/> EXPERIMENTAL		<input type="checkbox"/> OTHER (SPECIFY)			
NAME AND ADDRESS OF OWNER OR OPERATOR				RELEASE WRECKAGE TO (Name & Address)			

3. PURPOSE OF FLIGHT AND TYPE OF OPERATION	<input type="checkbox"/> SCHEDULED AIR TAXI	<input type="checkbox"/> CARGO	<input type="checkbox"/> BUSINESS TRANSPORTATION	<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> PLEASURE/PERSONAL TRANSPORTATION	<input type="checkbox"/> AERIAL APPLICATION CROP CONTROL
	<input type="checkbox"/> NON-SCHEDULED AIR TAXI	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> CORPORATE / EXECUTIVE	<input type="checkbox"/> LOCAL	<input type="checkbox"/> FERRY	<input type="checkbox"/> INSTRUCTIONAL
	<input type="checkbox"/> MAIL CONTRACT					<input type="checkbox"/> OTHER PURPOSE (Specify)
	TYPE OF OPERATOR					

4. PILOT CERTIFICATE DATA	PILOT NAME	CERTIFICATE NO.	NATIONALITY OF PILOT	MEDICAL CERTIFICATE		
	<input type="checkbox"/> AIRLINE TRANSPORT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FLIGHT INSTRUCTOR <input type="checkbox"/> PRIVATE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> AIRPLANE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> GYROPLANE <input type="checkbox"/> GLIDER <input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> MULTI ENGINE LAND <input type="checkbox"/> MULTI ENGINE SEA <input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SINGLE ENGINE SEA	DATE OF ISSUE	<input type="checkbox"/> BY FAA <input type="checkbox"/> BY <input type="checkbox"/> OTHER (Specify)	
				CLASS	DATE OF BIRTH	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	LIMITATIONS	
	TYPE RATINGS OR STUDENT ENDORSEMENT			LIMITATIONS		

5. PILOT FLIGHT TIME (in hours)	TIME	LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE				
		DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL	
	A. THIS MAKE & MODEL											
	B. NIGHT - ALL MAKES											
	C. DAY - ALL MAKES											
	D. INSTRUMENT	ACTUAL										
		SIMULATED										
	SOURCE OF FLIGHT TIME INFORMATION <input type="checkbox"/> PILOT FLIGHT LOG <input type="checkbox"/> OPERATOR'S EST. <input type="checkbox"/> FAA RECORDS <input type="checkbox"/> OTHER (Specify)	E. SINGLE ENGINE FIXED WING										
		F. MULTI ENGINE FIXED WING										
		G. GLIDER										
		H. HELICOPTER										
		I. GYROPLANE										
	J. TOTAL (Sum of lines E, F, G, H, I)											

6. SECOND PILOT CERTIFICATE DATA	PILOT NAME	CERTIFICATE NO.	NATIONALITY OF PILOT	MEDICAL CERTIFICATE		
	<input type="checkbox"/> AIRLINE TRANSPORT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FLIGHT INSTRUCTOR <input type="checkbox"/> PRIVATE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> AIRPLANE <input type="checkbox"/> HELICOPTER <input type="checkbox"/> GYROPLANE <input type="checkbox"/> GLIDER <input type="checkbox"/> INSTRUMENT	<input type="checkbox"/> MULTI ENGINE LAND <input type="checkbox"/> MULTI ENGINE SEA <input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SINGLE ENGINE SEA	DATE OF ISSUE	<input type="checkbox"/> BY FAA <input type="checkbox"/> BY <input type="checkbox"/> OTHER (Specify)	
				CLASS	DATE OF BIRTH	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	LIMITATIONS	
	TYPE RATINGS OR STUDENT ENDORSEMENT			LIMITATIONS		

	TIME	LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE				
		DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL	
7. <b>SECOND PILOT FLIGHT TIME</b> <i>(in hours)</i>	A. THIS MAKE & MODEL											
	B. NIGHT - ALL MAKES											
	C. DAY - ALL MAKES											
	D. INSTRUMENT	ACTUAL										
		SIMULATED										
	SOURCE OF FLIGHT TIME INFORMATION	E. SINGLE ENGINE FIXED WING										
	<input type="checkbox"/> PILOT FLIGHT LOG	F. MULTI ENGINE FIXED WING										
	<input type="checkbox"/> OPERATOR'S EST.	G. GLIDER										
	<input type="checkbox"/> FAA RECORDS	H. HELICOPTER										
	<input type="checkbox"/> OTHER (Specify)	I. GYROPLANE										
	J. TOTAL (Sum of lines E, F, G, H, I)											
8. <i>(List all on board, also persons injured on ground)</i>	NAME OF PERSONNEL		ADDRESS AND SEAT OCCUPIED				NON-OCCUPANT	DEGREE OF INJURY				
	PILOT						<input type="checkbox"/>	FATALITY	SERIOUS	MINOR	NONE	
	OCCUPATION		<input type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PILOT						<input type="checkbox"/>					
	OCCUPATION		<input type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>					
							<input type="checkbox"/>					
							<input type="checkbox"/>					
NUMBER OF PERSONS ONBOARD AIRCRAFT		NUMBER OF NON-OCCUPANTS INJURED				TOTAL →						
9. <b>COLLISION ACCIDENT</b>	If collision accident, complete this item on other aircraft: <span style="float: right;">(If additional space is required, attach a supplemental sheet, identify data by item no.)</span>											
	MAKE & MODEL		REGISTRATION MARK		DAMAGE							
		N		<input type="checkbox"/> DEMOLISHED <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> MINOR <input type="checkbox"/> NONE								
10. <b>WEATHER AT ACCIDENT SITE</b>	SOURCE OF INFORMATION (W.B., witness, etc.)		SKY COVER			WIND						
			<input type="checkbox"/> CLEAR <input type="checkbox"/> CEILING AT _____ FT.			DIRECTION _____						
			<input type="checkbox"/> SCATTERED AT _____ FT.			VELOCITY _____ KTS.    GUSTS _____ KTS.						
	TURBULENCE (in flight)		LIGHT CONDITIONS			VISIBILITY			ALTIMETER SETTING			
<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> EXTREME		<input type="checkbox"/> DAWN / DUSK <input type="checkbox"/> BRIGHT NIGHT			_____ MILES			_____ HG.				
<input type="checkbox"/> LIGHT <input type="checkbox"/> SEVERE		<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK NIGHT										
WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY					TEMPERATURE (°F)			DEW POINT (°F)				
<input type="checkbox"/> FOG <input type="checkbox"/> SMOKE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/> SNOW <input type="checkbox"/> FREEZING RAIN												
<input type="checkbox"/> HAZE <input type="checkbox"/> RAIN <input type="checkbox"/> HAIL <input type="checkbox"/> SLEET <input type="checkbox"/> ICING CONDITIONS												
11. <b>FLIGHT PLAN INFORMATION</b>	FLIGHT PLAN FILED?		IF WEATHER WAS INVOLVED, STATE IF WEATHER BRIEFING WAS OBTAINED OR IF WEATHER REPORTS WERE CHECKED AND HOW ACCOMPLISHED									
	<input type="checkbox"/> YES <input type="checkbox"/> SPECIAL VFR <input type="checkbox"/> IFR											
	<input type="checkbox"/> NO <input type="checkbox"/> VFR											
FUEL ON BOARD AT LAST TAKEOFF		DEPARTURE POINT			TIME OF DEPARTURE		DESTINATION					
GALLONS _____ GRADE _____												
OTHER SERVICE, IF ANY, PRIOR TO DEPARTURE												
12. <b>MECHANICAL FAILURE / MALFUNCTION</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO    (IF "YES", LIST THE NAME OF THE PART, MANUFACTURER, PART NUMBER, SERIAL NUMBER, ETC.)								TOTAL TIME			
									AT OVERHAUL	ON PART		

DESCRIBE WHAT HAPPENED IN CHRONOLOGICAL ORDER. THE CIRCUMSTANCES LEADING TO ACCIDENT AND NATURE OF ACCIDENT. DESCRIBE TERRAIN AND INCLUDE A SKETCH OF WRECKAGE DISTRIBUTION IF PERTINENT. ATTACH AN EXTRA SHEET IF MORE SPACE IS NEEDED. STATE POINT AND TIME OF DEPARTURE, INTENDED DESTINATION AND SERVICES OBTAINED.

13.  
HISTORY  
OF  
FLIGHT

14.  
DAMAGE  
TO  
AIRCRAFT  
AND  
OTHER  
PROPERTY

DEGREE OF AIRCRAFT DAMAGE <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> MINOR <input type="checkbox"/> NONE	FIRE <input type="checkbox"/> YES <input type="checkbox"/> INFLIGHT <input type="checkbox"/> NO <input type="checkbox"/> ON GROUND <input type="checkbox"/> NONE	ESTIMATED COST OF REPAIRS
--	--	---------------------------

DESCRIPTION OF DAMAGE TO AIRCRAFT AND OTHER PROPERTY

15.  
RECOMMENDATIONS  
(How could this  
accident have been  
prevented?)

OPERATOR / OWNER SAFETY RECOMMENDATIONS *(Optional entry)*

I HEREBY CERTIFY that the above information is complete and accurate to the best of my knowledge.

DATE OF THIS REPORT	SIGNATURE OF PERSON MAKING REPORT	TITLE
---------------------	-----------------------------------	-------

**FOR OFFICIAL USE ONLY**

ACCIDENT NUMBER	INVESTIGATED BY	REVIEWED BY	DATE RECEIVED
-----------------	-----------------	-------------	---------------