

**AUSTIN PEAY STATE UNIVERSITY
AIRCRAFT ACCIDENT/INCIDENT REPORT**

BASIC INFORMATION

Location: City or Lat/Long

Nearest City/Place: _____

State: _____ ZIP: _____

Latitude/Longitude: _____

Date/Time of Event

Date: _____

Local Time: _____ UTC: _____

Collision with Other Aircraft:

AIRCRAFT INFORMATION (Complete Engine Information ONLY with an aircraft accident)

Registration Number: _____

Manufacturer: _____

Model: _____

Serial Number: _____

Year of Manufacture: _____

Max Gross Weight (lbs): _____

Weight at Time of Accident (lbs): _____

Number of Seats: _____

Crew Seats: _____ Passenger Seats: _____

Category of Aircraft: _____

Type of Airworthiness Certificate

Standard: _____

Special: _____

Engine: _____

Last Inspection

Type: _____ **Date:** _____ **Airframe Total Time (hrs):** _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____

City: _____ State: _____ ZIP: _____

Operator of Aircraft *Same as registered owner*

Name: _____

City: _____ State: _____ ZIP: _____

PURPOSE OF FLIGHT AND NARRATIVE

Large empty area for providing the purpose of flight and a detailed narrative of the accident/incident.

AIRPORT INFORMATION (Complete if accident occurred on approach, landing, takeoff, departure, or hover)

Airport Name: _____

Airport Identifier: _____

On or Off Airport: On Off

Distance from Airport Center: _____ sm

Direction from Airport: _____ degrees

Airport Elevation: _____ ft. MSL

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)

- Asphalt Grass Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

Condition of Runway/Landing Area (Check all that apply)

- Dry Snow-Compact Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Sloped Soft Unknown
 Snow-Covered Vegetation

Approach/Departure Segment (Select one)

- Hover VFR Departure On Instrument Approach Downwind Low Approach
 Taxi IFR Departure Procedure/Clearance Landing Base Go Around
 Takeoff Final Aborted Landing
 Initial Climb Crosswind Unknown

IFR Approach (Check all that apply)

- None
 ADF/NDB PAR MLS Practice
 SDF Sidestep LDA GPS
 VOR ILS ASR
 VOR/DME Localizer Only Visual
 TACAN LOC-BC Contact
 RNAV Circling Unknown

VFR Approach (Check all that apply)

- None
 Traffic Pattern Stop and Go
 Straight-In Touch and Go
 Valley/Terrain Following Simulated Forced Landing
 Go Around Forced Landing
 Full Stop Precautionary Landing
 Autorotation Unknown

FLIGHT CREWMEMBER 1 INFORMATION**Responsibilities and Identification**

- Pilot PIC Student Pilot Flight Instructor Check Pilot Other

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Certificate Number: _____

Date of Birth: _____

Degree of Injury

- None Fatal
 Minor Unknown
 Serious

Seat Occupied

- Left Front
 Right Rear
 Center Unknown

Restraint Type

- | Available | | Used | |
|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Lap Only | <input type="checkbox"/> None | <input type="checkbox"/> Lap Only |
| <input type="checkbox"/> 3-Point | <input type="checkbox"/> 4-Point | <input type="checkbox"/> 3-Point | <input type="checkbox"/> 4-Point |
| <input type="checkbox"/> 5-Point | <input type="checkbox"/> Unknown | <input type="checkbox"/> 5-Point | <input type="checkbox"/> Unknown |

Pilot Certificate(s) (Check all that apply)

- None Student Sport Recreational Private Commercial Airline Transport
 Flight Instructor Flight Engineer US Military Foreign

Medical Certificate

- None Class 1 Class 2 Class 3 Basic Medical Unknown

Validity: Without Limitations/Waivers Special Issuance N/A

- With Limitations/Waivers Unknown

Date of Last Medical: _____

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane SE <input type="checkbox"/> Airplane ME <input type="checkbox"/> Gyroplane <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift
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Type Ratings:

Flight Time:

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Other
Total Time									
PIC									
CFI									
Last 90 Days									
Last 30 Days									
Last 24 Hrs									

FLIGHT CREWMEMBER 2 INFORMATION

Responsibilities and Identification

Pilot
 PIC
 Student Pilot
 Flight Instructor
 Check Pilot
 Other

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Certificate Number: _____
 Date of Birth: _____

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Unknown	Restraint Type <table> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown </td> </tr> </table>	Available	Used	<input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown
Available	Used					
<input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-Point <input type="checkbox"/> 4-Point <input type="checkbox"/> 5-Point <input type="checkbox"/> Unknown					

Pilot Certificate(s) (Check all that apply)

None
 Student
 Sport
 Recreational
 Private
 Commercial
 Airline Transport
 Flight Instructor
 Flight Engineer
 US Military
 Foreign

Medical Certificate

None
 Class 1
 Class 2
 Class 3
 Basic Medical
 Unknown

Validity: Without Limitations/Waivers
 Special Issuance
 N/A
 With Limitations/Waivers
 Unknown

Date of Last Medical: _____

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane SE <input type="checkbox"/> Airplane ME <input type="checkbox"/> Gyroplane <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift
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Type Ratings:**Flight Time:**

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Other
Total Time									
PIC									
CFI									
Last 90 Days									
Last 30 Days									
Last 24 Hrs									

PASSENGER(S) / OTHER PERSONNEL**Name and Address**

First Name: _____ City: _____

Middle Initial: _____ State: _____

Last Name: _____ ZIP: _____

 Passenger Other**Seat** Left Center Right Unknown**Injury** None Minor Serious Fatal Unknown**Restraints****Available** Yes No**Used** Yes No

First Name: _____ City: _____

Middle Initial: _____ State: _____

Last Name: _____ ZIP: _____

 Passenger Other Left Center Right Unknown None Minor Serious Fatal Unknown**Available** Yes No**Used** Yes No

First Name: _____ City: _____

Middle Initial: _____ State: _____

Last Name: _____ ZIP: _____

 Passenger Other Left Center Right Unknown None Minor Serious Fatal Unknown**Available** Yes No**Used** Yes No

First Name: _____ City: _____

Middle Initial: _____ State: _____

Last Name: _____ ZIP: _____

 Passenger Other Left Center Right Unknown None Minor Serious Fatal Unknown**Available** Yes No**Used** Yes No**FLIGHT ITINERARY INFORMATION****Last Departure Point**

Airport ID: _____

City: _____

State: _____

Time of Departure

Time: _____

UTC: _____

Destination

Airport ID: _____

City: _____

State: _____

Type of Flight Plan Filed None IFR**Activated?** VFR VFR/IFR Yes No

WEATHER INFORMATION

Basic Conditions

- VMC Unknown
 IMC

Light Condition

- Dawn Dusk Dark Night Unknown
 Day Night Bright Night

Lowest Cloud Condition

- Clear Broken
 Few Overcast
 Scattered Unknown

Lowest Cloud Height

_____ ft AGL

Ceiling

- None (Clear) Obscured
 Broken Indefinite
 Overcast Unknown

Ceiling Height

_____ ft AGL

Temperature: _____ C

Dew Point: _____ C

Altimeter Setting: _____

Wind Direction

- Variable

Direction: _____ ° Mag

Wind Speed

- Calm
 Light and Variable

Speed: _____ kts

Wind Gusts

- Not Gusting

Speed: _____ kts

Visibility

_____ sm

RVR: _____ feet

Density Altitude: _____ ft

Precipitation

- Light
 Moderate
 Heavy
 None
 Unknown

Precipitation Type (Check all that apply)

- None Drizzle Freezing Rain
 Rain Ice Pellets Show Shower
 Snow Snow Pellets Ice Pellets
 Hail Freezing Drizzle Rain Showers

Restrictions to Visibility (Check all that apply)

- None Fog
 Blowing Dust Ground Fog
 Blowing Sand Haze
 Blowing Snow Smoke
 Dust Unknown

Icing

Amount

- None Trace
 Light Moderate
 Severe Unknown

Type

- N/A Rime
 Clear Mixed
 Unknown

Turbulence (Check all that apply)

Type

- None
 Clean Air
 Terrain Induced
 Convective

Severity

- Light
 Moderate
 Severe
 Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Fire at Unknown Time
 On-Ground Unknown

Damage to Other Property

- None Substantial
 Minor Destroyed
 Unknown