



National
Aeronautics and
Space
Administration

Aircraft Flight Mishap Checklist

(To be filled out for principal aircraft involved. Appropriate blocks only should be filled out on secondary aircraft.)

1. CLASS OF MISHAP <input type="checkbox"/> a. TYPE A <input type="checkbox"/> b. TYPE B <input type="checkbox"/> c. TYPE C <input type="checkbox"/> d. INCIDENT				2. CLOSE CALL <input type="checkbox"/>	3. DATE OCCURRED	4. TIME OCCURRED
5. AIRCRAFT SERIAL NO.		6. TYPE, MODEL, SERIES, BLOCK NO.			7. FACILITY OF ASSIGNMENT	
8. IF LEASED, STATE AGENCY AND ORGANIZATION OWNING AIRCRAFT AT TIME OF MISHAP						
9. IF AIRCRAFT WAS BEING FERRIED OR DELIVERED, INDICATE GAINING AND LOSING ORGANIZATION, DATE OF TRANSFER, ULTIMATE DESTINATION						
10. CLEAR- ANCE	a. FROM		b. TO		c. TO	
	d. FILED <input type="checkbox"/> (1) VFR <input type="checkbox"/> (2) VFR-ON TOP <input type="checkbox"/> (3) IFR <input type="checkbox"/> (4) LOCAL <input type="checkbox"/> (5) OTHER <input type="checkbox"/> (6) AIRWAYS <input type="checkbox"/> (7) DIRECT <input type="checkbox"/> (8) (CONTROLLED)					
11. FLIGHT DATA	<input type="checkbox"/> a. VISUAL <input type="checkbox"/> b. INSTRUMENT ACTUAL		<input type="checkbox"/> c. SIM. <input type="checkbox"/> d. OTHER <input type="checkbox"/> e. UNKNOWN			
	f. DURATION OF FLIGHT (1) HOURS (2) MINUTES		g. MISSION			
12. ALTITUDE DATA	a. ALTITUDE (Feet)				b. TIME FLOWN HIGHEST ALTITUDE	
	(1) CLEARED MSL	(2) ABOVE TERRAIN ACCIDENT SEQUENCE BEGAN	(3) MSL IMPACT POINT	(4) HIGHEST MSL FLOWN	(1) HOURS	(2) MINUTES
13. FIRE AND EXPLOSION DATA	a. FIRE			b. EXPLOSION		
	(1) TYPE <input type="checkbox"/> (a) NONE <input type="checkbox"/> (b) IN- FLIGHT <input type="checkbox"/> (c) GROUND	(2) BY GROUND IMPACT <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO	(1) TYPE <input type="checkbox"/> (a) NONE <input type="checkbox"/> (b) IN- FLIGHT <input type="checkbox"/> (c) GROUND	(2) BY GROUND IMPACT <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO		
14. AIRFIELD DATA*	a. FIELD ELEVATION IN USE (Feet)	b. LENGTH OF RUN- WAY IN USE (Feet)	c. LENGTH OF OVERRUN (Feet)	d. DISTANCE OF TOUCHDOWN FROM RUNWAY (Feet)	e. RUNWAY HEAD- ING (Degrees)	
	f. COMPOSITION OF RUNWAY <input type="checkbox"/> (1) ASPHALT <input type="checkbox"/> (2) CONCRETE <input type="checkbox"/> (3) _____		g. COMPOSITION OF OVERRUN	h. SURFACE CONDITION <input type="checkbox"/> (1) DRY <input type="checkbox"/> (2) WET <input type="checkbox"/> (3) ICY <input type="checkbox"/> (4) _____		
	i. CONDITIONS AFFECTING OCCURRENCE OF ACCIDENT (Instrument or lighting approach aid used, obstructions, barrier, airspeed, gross weight, forced landing, etc.)					
15. PHASE OF OPERATION (Takeoff roll, initial climb, normal flight, acrobatics, landing approach, flare out, etc.)						
16. TYPE OF ACCIDENT (Gear-up landing, midair collision, abandoned aircraft, fire or explosion in flight, undershoot, overshoot, etc.)						
17. WEATHER AT TIME AND PLACE OF ACCIDENT	a. SKY CONDITIONS	b. VISIBILITY	c. WIND DIRECTION AND VELOCITY	d. TEMPERATURE	e. DEW POINT	f. ALTIMETER SETTING
	g. OTHER WEATHER CONDITIONS					

* Applicable to takeoff and landing accidents occurring within 2 miles of the airfield.

PILOT(S)/FLIGHT CREW INVOLVED (If more than two pilots involved, report same information required on additional sheet for each.)

18. PILOT IN-CHARGE (Person at controls at time of accident)

a. POSITION IN AIRCRAFT AT TIME OF ACCIDENT		b. ASSIGNED DUTY ON FLIGHT ORDER				
<input type="checkbox"/> (1) FRONT OR LEFT SEAT	<input type="checkbox"/> (2) REAR OR RIGHT SEAT	<input type="checkbox"/> (1) AC	<input type="checkbox"/> (2) IP	<input type="checkbox"/> (3) P	<input type="checkbox"/> (4) CP	<input type="checkbox"/> (5) OTHER _____
c. ASSIGNED ORGANIZATION						
(1) PROGRAM	(2) INSTALLATION	(3) CONTRACTOR			(4) FACILITY	
d. ATTACHED ORGANIZATION FOR FLYING (NASA, Mil., contractor official address)			e. ORIGINAL AERO RATING AND DATE RECEIVED		f. PRESENT AERO RATING AND DATE RECEIVED	
g. INSTRUMENT CARD				h. JOB SPECIALTY		
(1) TYPE	(2) DATE OF EXPIRATION	(1) PRIMARY		(2) DUTY		

19. CO-PILOT

a. POSITION IN AIRCRAFT AT TIME OF ACCIDENT		b. ASSIGNED DUTY ON FLIGHT ORDER				
<input type="checkbox"/> (1) FRONT OR LEFT SEAT	<input type="checkbox"/> (2) REAR OR RIGHT SEAT	<input type="checkbox"/> (1) AC	<input type="checkbox"/> (2) IP	<input type="checkbox"/> (3) P	<input type="checkbox"/> (4) CP	<input type="checkbox"/> (5) OTHER _____
c. ASSIGNED ORGANIZATION						
(1) PROGRAM	(2) INSTALLATION	(3) CONTRACTOR			(4) FACILITY	
d. ATTACHED ORGANIZATION FOR FLYING (NASA, Mil., contractor official address)			e. ORIGINAL AERO RATING AND DATE RECEIVED		f. PRESENT AERO RATING AND DATE RECEIVED	
g. INSTRUMENT CARD				h. JOB SPECIALTY		
(1) TYPE	(2) DATE OF EXPIRATION	(1) PRIMARY		(2) DUTY		

20. OTHER FLIGHT CREW MEMBER (List additional crew members on separate sheet)

a. POSITION IN AIRCRAFT AT TIME OF ACCIDENT		b. ASSIGNED DUTY ON FLIGHT ORDER				
<input type="checkbox"/> (1) FRONT OR LEFT SEAT	<input type="checkbox"/> (2) REAR OR RIGHT SEAT	<input type="checkbox"/> (1) AC	<input type="checkbox"/> (2) IP	<input type="checkbox"/> (3) P	<input type="checkbox"/> (4) CP	<input type="checkbox"/> (5) OTHER _____
c. ASSIGNED ORGANIZATION						
(1) PROGRAM	(2) INSTALLATION	(3) CONTRACTOR			(4) FACILITY	
d. ATTACHED ORGANIZATION FOR FLYING (NASA, Mil., contractor official address)			e. ORIGINAL AERO RATING AND DATE RECEIVED		f. PRESENT AERO RATING AND DATE RECEIVED	
g. INSTRUMENT CARD				h. JOB SPECIALTY		
(1) TYPE	(2) DATE OF EXPIRATION	(1) PRIMARY		(2) DUTY		

21. FLYING EXPERIENCE

ASSIGNED DUTY (List flight times to nearest hour)	ACFT CDR (1)	INST PILOT (2)	PILOT (3)	CO-PILOT (4)	OTHER (5)
a. OVERALL FLYING HOURS (Incl., AF, student, other)					
b. JET					
c. 1ST PILOT/IP, ALL AIRCRAFT					
d. WEATHER INSTRUMENT					
e. 1ST PILOT/IP, THIS MODEL					
f. 1ST PILOT/IP, LAST 90 DAYS					
g. 1ST PILOT/IP, LAST 90 DAYS THIS MODEL					
h. 1ST PILOT/IP, WEATHER AND HOOD LAST 90 DAYS					
i. PILOT, NIGHT, LAST 90 DAYS					
j. PILOT, LAST 30 DAYS					
k. 1ST PILOT/IP, LAST 30 DAYS					
l. 1ST PILOT/IP, LAST 30 DAYS THIS MODEL					
m. PREVIOUS FLIGHT, THIS MODEL (Date & duration)					
n. LAST PROFICIENCY FLIGHT (Date)					

22. DAMAGE (Extent of damage to aircraft and any property damage incurred. Use additional sheets, if necessary.)

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23. AUTHENTICATION (Board President or Investigator)

a. TYPED NAME AND TITLE	b. SIGNATURE	c. DATE