

# AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

FROM ( <i>Office of origin</i> ):	TO:	DATE (UTC):	TIME (UTC):
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**CODE** (First words of text) **AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 1**

<b>A</b>	1. INFORMATION FROM:
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<b>B</b>	1. REGISTRATION NO:	2. MAKE AND MODEL:	3. OPERATOR OF AIRCRAFT:
	4. TYPE OF ACTIVITY ( <i>Air taxi, instruction, pleasure, aerial appl., business, executive, sightseeing, etc.</i> ) IF KNOWN:		
	5. BRIEF DESCRIPTION OF CIRCUMSTANCES SURROUNDING OCCURRENCE:		
	6. WEATHER DATA:		
	7. AIRCRAFT DAMAGE: A <input type="checkbox"/> DESTROYED B <input type="checkbox"/> SUBSTANTIAL C <input type="checkbox"/> MINOR D <input type="checkbox"/> FIRE E <input type="checkbox"/> NONE		

**C OCCUPANTS – INDICATE INJURIES: FATAL, SERIOUS, MINOR, NONE**

<b>C</b>	1. NAME AND ADDRESS OF PILOT/INJURY:	2. NAMES OF CREW/INJURIES:	3. NO. OF PASSENGERS/INJURIES:
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<b>D</b>	1. LOCATION OF OCCURRENCE ( <i>Nearest city, town, and state</i> ) ( <i>Give route if overdue or missing</i> ):
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<b>E</b>	1. UTC DATE AND UTC TIME OF OCCURRENCE:
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<b>F</b>	1. INFORMATION ON COVERAGE OF OCCURRENCE BY FAA, NTSB, OTHER:
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<b>G</b>	FAA AIR TRAFFIC SERVICES SUMMARY OF FLIGHT HANDLING		
	1A. LAST DEPARTURE POINT:	1B. UTC DATE AND UTC TIME:	1C. INTENDED DESTINATION:
	2. LAST RADIO CONTACT/POSITION AND/OR RADAR POSITION:		
	3. LAST ATC CONTROL CLEARANCE:		
	4. FLIGHT PLAN: A <input type="checkbox"/> IFR B <input type="checkbox"/> VFR C <input type="checkbox"/> NONE D <input type="checkbox"/> UNKNOWN		
	5. PILOT BRIEFING: A <input type="checkbox"/> YES B <input type="checkbox"/> NO C <input type="checkbox"/> UNKNOWN		
	6. OTHER:		

RECEIVED AT:	DELIVERED TO:	TIME:
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RECEIVED VIA: A <input type="checkbox"/> IN PERSON B <input type="checkbox"/> RADIO C <input type="checkbox"/> TELEPHONE	RECEIVED BY ( <i>Signature and Title</i> ):
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NOTE: Part 2

A  ON OTHER SIDE B  ON SEPARATE FORM C  NOT REQUIRED

# AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE

FROM ( <i>Office of origin</i> ):	TO:	DATE ( <i>UTC</i> ):	TIME ( <i>UTC</i> ):
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CODE	( <i>First words of text</i> ) <b>AIRCRAFT ACCIDENT/INCIDENT PRELIMINARY NOTICE-Part 2</b>
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<b>H</b>	1. REGISTRATION NO:	2. MAKE AND MODEL:	3. UTC DATE OF ACCIDENT/INCIDENT:
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<b>I</b>	STATUS OF POTENTIALLY INVOLVED AIRWAY FACILITIES (CHECK [v] MARK STATUS AS INDICATED BY MONITOR OR REPORTED BY A.F. TECHNICIAN)							
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1. FACILITY TYPE:	2. LOCATION RUNWAY IDENTIFIER:	3. JUST PRIOR TO OCCURRENCE:		4. AT TIME OF OCCURRENCE:		5. FLIGHT INSPECTION:			
		A NORMAL	B ABNORMAL OR OUT OF SERVICE	A NORMAL	B ABNORMAL OR OUT OF SERVICE	CON- DUCTED		SATIS- FACTORY	
						A YES	B NO	C YES	D NO

<b>J</b>	6. REMARKS ( <i>Explain briefly any entry above that is check marked as abnormal, or out of service</i> ):

<b>J</b>	STATUS REPORT RECEIVED FROM PILOTS OR OTHERS
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List below any facilities reported by pilots or other persons as either operating normally, abnormally, or out of service just prior to, at the time of, or immediately following the time of the accident.

1. FACILITY TYPE:	2. LOCATION/ RUNWAY IDENTIFIER:	3. IDENTIFICATION NO. OF AIRCRAFT AND NAME OF PERSON FROM WHOM REPORT WAS RECEIVED:	4. STATUS REPORT ( <i>Normal, abnormal, out of service, etc.</i> ):	5. TIME OBSERVATION ( <i>UTC</i> ):

<b>J</b>	6. REMARKS ( <i>Briefly describe the nature of any reported abnormally, reason for being out of service, etc.</i> ):

RECEIVED AT:	DELIVERED TO:	TIME:

RECEIVED VIA:  A <input type="checkbox"/> IN PERSON    B <input type="checkbox"/> RADIO    C <input type="checkbox"/> TELEPHONE	RECEIVED BY ( <i>Signature and Title</i> ):
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NOTE: Part 1	A <input type="checkbox"/> ON OTHER SIDE    B <input type="checkbox"/> ON SEPARATE FORM
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