

APPENDIX A

Form DA-23 7/07

(Check box(es) where applicable)

AIRCRAFT ACCIDENT/INCIDENT REPORT

New Jersey Department of Transportation Division of Aeronautics 1035 Parkway Ave., P.O. Box 610 Trenton, NJ 08625						REGISTRATION MARK N -	DATE OF ACCIDENT					
1. LOCATION	CITY OR PLACE, STATE					ELEVATION FT.	LOCAL TIME ZONE			A.M. P.M.		
	<i>If accident occurred on approach or takeoff at an airport give the following information:</i>											
	ON AIRPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF AIRPORT			MAGNETIC BEARING FROM NEAREST AIRPORT DEGREES: MILES:		RUNWAY DIRECTION: LENGTH:		Type of Surface & Condition			
2. AIRCRAFT DATA	AIRCRAFT MAKE & MODEL		SERIAL NO.	TOTAL TIME AIRCRAFT	ENGINE MAKE AND MODEL		T.S.O ⇒	#1 ENGINE	#2 ENGINE			
	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 <small>(SPECIFY)</small>							
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 TRANSPOR.		<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/EXEC.		<input type="checkbox"/> LOCAL		<input type="checkbox"/> FERRY		<input type="checkbox"/> INSTRUCTIONAL	
	<input type="checkbox"/> MAIL CONTRACT		OTHER PURPOSE (Specify)								TYPE OF OPERATOR	
4. PILOT CERTIFICATE DATA	PILOT NAME		CERTIFICATE NO.		NATIONALITY OF PILOT			MEDICAL CERTIFICATE DATE OF ISSUE		<input type="checkbox"/> BY FAA <input type="checkbox"/> OTHER <small>(Specify)</small>		
	<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"/> SEA <input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SEA			CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		DATE OF BIRTH		
					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 FLT. LOG <input type="checkbox"/> OPERATOR'S EST. <input type="checkbox"/> FAA RECORDS <input type="checkbox"/> OTHER <small>(Specify)</small>		E. SINGLE ENGINE FIXED WING									
			F. MULTI ENGINE FIXED WING									
			G. GLIDER									
H. HELICOPTER												
I. GYROPLANE												
		J. (Sum of lines E, F, G, H, I) TOTAL										
6. SECOND PILOT CERTIFICATE DATA	SECOND PILOT NAME		CERTIFICATE NO.		NATIONALITY OF PILOT			MEDICAL CERTIFICATE DATE OF ISSUE		<input type="checkbox"/> BY FAA <input type="checkbox"/> OTHER <small>(Specify)</small>		
	<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"/> SEA <input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SEA			CLASS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		DATE OF BIRTH		
					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. SECOND PILOT FLIGHT TIME (In hours)	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 FLT. LOG	F. MULTI ENGINE FIXED WING										
<input type="checkbox"/> OPERATORS EST.	G. GLIDER											
<input type="checkbox"/> FAA RECORDS	H. HELICOPTER											
<input type="checkbox"/> OTHER (Specify)	I. GYROPLANE											
	J. (Sum of lines E. F, G, H, I) TOTAL											
8. PERSONNEL (List all on board, also persons injured on ground)	NAME OF PERSONNEL		ADDRESS AND SEAT OCCUPIED				NON-OCCUPANT	DEGREE OF INJURY				
	PILOT							FATALITY	SERIOUS	MINOR	NONE	
	OCCUPATION		<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT									
	PILOT											
	OCCUPATION		<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT									
NUMBER OF PERSONS ABOARD AIRCRAFT		NUMBER OF NON-OCCUPANTS INJURED			TOTAL ⇒							
9. COLLISION ACCIDENT	If collision accident, complete this item on other aircraft: (If additional space is required, attach a supplemental sheet, identify data by item no.)											
	MAKE AND MODEL		REGISTRATION MARK		DAMAGE							
			N-		<input type="checkbox"/> DEMOLISHED <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> MINOR <input type="checkbox"/> NONE							
10. WEATHER AT ACCIDENT SITE	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			TEMP (°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. FLIGHT PLAN Information	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"/> NO <input type="checkbox"/> VFR <input type="checkbox"/> IFR											
	FUEL ON BOARD AT LAST TAKEOFF		DEPARTURE POINT		TIME OF DEPARTURE		DESTINATION					
	GALS. GRADE											
	OTHER SERVICE, IF ANY. PRIOR TO DEPARTURE											
12. MECHANICAL FAILURE/MAL-FUNCTION	<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 THE 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

DEGREE OF AIRCRAFT DAMAGE

DEMOLISHED SUBSTANTIAL MINOR NONE

FIRE YES INFLIGHT
 NO ON GROUND NONE

EST. COST OF REPAIRS
\$

14.

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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 NO.

INVESTIGATED BY

REVIEWED BY

DATE RECEIVED