

29. PILOT TRAINING (CHECK ALL THAT APPLY, RECORD THE TWO MOST RECENT TRAINING EVENTS, IF APPLICABLE/AVAILABLE.) ALL UNKNOWN

	YES	NO	UNK	(MO / DA / YR)	(MO / DA / YR)		YES	NO	UNK	(MO / DA / YR)	(MO / DA / YR)
SAFETY SEMINAR/CLINIC						AIR CARRIER TRANSITION					
WINGS PROGRAM						SIMULATOR					
AIR CARRIER INITIAL						COMM/THIRD PARTY (CONTRACT TRAINING)					
AIR CARRIER RECURRENT						OTHER					
AIR CARRIER RE-QUALIFICATION											

30. EVACUATION OVERVIEW (AIR CARRIER ONLY) EVACUATION INITIATED YES NO EVACUATION INJURIES YES NO

31. PILOT INFORMATION NOT APPLICABLE **CERTIFICATE TYPE** **SECOND PILOT**

NAME		RECREATIONAL	
DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	STUDENT	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
DATE HIRED (AIR CARRIER ONLY)	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	PRIVATE	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
DOMICILE ZIP CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COMMERCIAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOURS IN MAKE AND MODEL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FLIGHT INST.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOURS IN LAST 90 DAYS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ATP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOURS IN LAST YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	FOREIGN PILOT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL HOURS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPORT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CERTIFICATE NO.		NON-PILOT	
REGULATORY CHECK RIDE	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	OTHER	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

32. CORRECTIVE ACTION(S) PLANNED OR INITIATED NONE 44709 RE-EXAM SDR COUNSELING EIR
MALFUNCTION OR DEFECT REPORT OTHER

33. NARRATIVE (ATTACH ADDITIONAL SHEETS AS NECESSARY)
(ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT)

CONDUCT OF INVESTIGATION

34. NTSB PARTICIPATION ON-SCENE LIMITED NONE **35. FAA PARTICIPATION** ON-SCENE NOT ON-SCENE SCENE NOT ACCESSIBLE

36. FAA INITIAL NOTIFICATION	37. FSDO NOTIFICATION	38. FAA IIC ARRIVAL ON SCENE
DATE AND LOCAL TIME <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24 - HOUR CLOCK	DATE AND LOCAL TIME <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24 - HOUR CLOCK	DATE AND LOCAL TIME <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MO DA YR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 24-HR CLOCK
39. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FAA HOURS USED FOR TOTAL INVESTIGATION	40. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL HOURS USED AT ACCIDENT SCENE	41. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL TRAVEL HOURS TO & FROM SCENE

42. FAA NINE RESPONSIBILITIES
IDENTIFICATION OF RESPONSIBILITIES IS THE INVESTIGATORS OPINION BASED ON HIS/HER INVESTIGATION

1. FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>	4. AIRMAN/AIR AGENCY COMPETENCE YES <input type="checkbox"/> NO <input type="checkbox"/>	7. SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>
2. NON FAA FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>	5. FAR CHANGE NEEDED YES <input type="checkbox"/> NO <input type="checkbox"/>	8. AIRMAN MEDICAL QUALIF. YES <input type="checkbox"/> NO <input type="checkbox"/>
3. AIRWORTHINESS YES <input type="checkbox"/> NO <input type="checkbox"/>	6. AIRPORT CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/>	9. FAR VIOLATION YES <input type="checkbox"/> NO <input type="checkbox"/>

43. BRIEF EXPLANATION OF ISSUES INVOLVED

44. FAA IIC NAME **DATE** **REGION** **DISTRICT OFFICE**

INSTRUCTIONS FOR FAA FORM 8020-23 ACCIDENT/INCIDENT REPORT

1. OCCURRENCE INFORMATION:

FAA FORM 8020-23 IS TO BE COMPLETED FOR EACH ACCIDENT AND INCIDENT AND FORWARDED TO THE RESPONSIBLE REGIONAL FLIGHT STANDARDS DIVISION WITHIN 30 DAYS. THE REGIONAL FS DIVISION WILL FORWARD ORIGINAL FAA ACCIDENT/INCIDENT REPORT TO AFS-620 AND A COPY OF ACCIDENT REPORT ONLY TO AAI-220 WITHIN 15 DAYS OF RECEIPT OF ORIGINAL.

2. AMENDED DATE:

INSERT AMENDED DATE FOR AMENDED REPORTS, FILL IN ITEMS 1, 2, 3, 5, AND 13, REGISTRATION NUMBER ONLY, AND NEW OR CHANGED INFORMATION PERTAINING TO ACCIDENT INVESTIGATION.

3. DATE OF THE OCCURRENCE:

COMPLETE THE EVENT DATE (MONTH/DAY/YEAR) IN FORMAT MMDDYY.

4. FAA (INVESTIGATING OFFICE):

THE FIRST TWO BLOCKS ARE THE REGION ID. THE SECOND TWO BLOCKS ARE THE NUMERICAL ID OF THE FSDO (E.G., EA 21).

5. NTSB ID:

INSERT NTSB REPORT NUMBER FOR ACCIDENTS AND INCIDENTS. THE NUMBER IS SUPPLIED BY THE NTSB OFFICE WITH JURISDICTIONAL RESPONSIBILITY.

6. LOCATION :

CITY: NEAREST CITY OR TOWN TO THE OCCURRENCE.
STATE: 2 LETTER IDENTIFIER OF THE STATE OR TERRITORY CODE.
ZIP CODE: ZIP CODE OF NEAREST CITY OR TOWN LOCATION.

7. OPERATOR:

PROVIDE THE NAME OF THE OPERATOR THAT HAS OPERATIONAL CONTROL OF THE AIRCRAFT INVOLVED IN THE EVENT. THE 4-LETTER DESIGNATOR IS FROM OPSS/SPAS/VIS.

8. AIRPORT:

PROVIDE THE AIRPORT NAME AND 4-LETTER ID IF OCCURRENCE TOOK PLACE ON AN AIRPORT. USE AIRPORT DESIGNATOR IAW FAA 7350.7B.

9. TIME:

PROVIDE THE TIME OF THE OCCURRENCE IN LOCAL 24 HOUR CLOCK.

10. LATITUDE / LONGITUDE:

PROVIDE GEOGRAPHIC INFORMATION FOR ALASKA AND OCEANIC EVENTS.

11. AIRCRAFT DAMAGE:

PROVIDE THE MOST SEVERE DAMAGE TO AIRCRAFT FROM CATEGORIES.

12. COLLISION:

IDENTIFY IF TWO AIRCRAFT ARE INVOLVED; AND IF TWO COLLIDED IN THE AIR OR ON THE GROUND. TWO FAA 8020-23 FORMS REQUIRED IF BOTH AIRCRAFT WERE FLYING OR HAD THE INTENT TO FLY.

13. AIRCRAFT REGISTRATION NUMBER:

COMPLETE AIRCRAFT REGISTRATION INFORMATION (E.G. REGISTRATION: N1234M. MAKE/MODEL: E.G. DC-9-10. SERIAL NUMBER: 99347YT78. YEAR OF MANUFACTURE: E.G. 1994). ALSO PROVIDE AIRFRAME CYCLES AND AIRFRAME HOURS IN WHOLE NUMBERS.

14. FAR PART NUMBER:

PROVIDE THE FEDERAL AVIATION REGULATION THAT THE AIRCRAFT WAS OPERATING UNDER. NOTES: AN AIR CARRIER DOING POSITIONING, TRAINING IS PART 91. PART 135 AIR TAXI AND AIR AMBULANCE IS PART 91 UNTIL PASSENGER PICKUP. MEDICAL PERSONNEL ARE PART OF THE CREW.

15. TYPE OF AIRCRAFT:

PROVIDE THE TYPE OF AIRCRAFT AND AIRWORTHINESS CERTIFICATE (MORE THAN ONE TYPE MAY BE CHECKED IN SOME CASES).

16. POWER PLANT INFORMATION:

PROVIDE THE MAKE/MODEL/SERIES OF ENGINE ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.

17. PROPELLER INFORMATION :

PROVIDE THE MAKE/MODEL/SERIES OF PROPELLER ONLY IF RELEVANT TO THE ACCIDENT/INCIDENT.

18. BIOHAZARD AREA:

PROVIDE BIOHAZARD AREA INFORMATION. NOTE: SELECT 'YES' IF BODY FLUIDS PRESENT. ALSO PROVIDE USE OR NONUSE OF PERSONAL PROTECTIVE EQUIPMENT INFORMATION.

19. TYPE OF LANDING GEAR:

PROVIDE TYPE OF LANDING GEAR OF AIRCRAFT INVOLVED IN EVENT.

20. INJURY SUMMARY:

ENTER THE COUNT FOR EACH INJURY TYPE BY PERSON CATEGORY FOR ALL ON BOARD THE AIRCRAFT. ACCOUNT FOR PERSONNEL INJURED THAT WERE NOT ON THE AIRCRAFT UNDER OTHER.

21. FACTORS:

SELECT THE MOST APPROPRIATE PRIMARY FACTOR FROM EITHER TECHNICAL OR OPERATIONAL FACTORS. SELECT ALL SECONDARY FACTORS.

21A. TECHNICAL FACTORS:

SELECT ALL APPLICABLE FACTORS. THIS IS THE INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.

21B. OPERATIONAL FACTORS:

SELECT ALL APPLICABLE FACTORS. THIS IS THE

INSPECTOR/INVESTIGATOR OPINION BASED ON THE INVESTIGATION.

21C. PART NAME:

IDENTIFY THE PART NAME THAT FAILED OR IS SUSPECTED OF FAILURE BY THE PROPER NOMENCLATURE THAT IS DEPICTED IN THE MANUFACTURERS PARTS CATALOGUE.

21D. MANUFACTURER:

IDENTIFY THE MANUFACTURER OF THE PART, IF KNOWN.

21E. PART NUMBER:

IDENTIFY THE MANUFACTURER PART NUMBER. THIS WOULD BE THE SAME NUMBER NEEDED TO REQUISITION A REPLACEMENT PART.

21F. ATA CODE:

ENTER ATA CODES IAW TABLES IN THE FLIGHT STANDARDS GUIDE TITLED: JOINT AIRCRAFT SYSTEM AND COMPONENT CODE TABLE AND DEFINITIONS.

22. TYPE OF OPERATIONS:

SELECT TYPE OF OPERATIONS AIRCRAFT PERFORMED AT TIME OF OCCURRENCE.

23. WEATHER BRIEFING SOURCE:

SELECT WEATHER SOURCE PROVIDING WEATHER AT TIME OF OCCURRENCE.

24. PRECIPITATION:

SELECT ALL APPLICABLE PRECIPITATION FACTORS AT TIME OF OCCURRENCE.

25. WEATHER FACTORS:

SELECT ALL APPLICABLE WEATHER FACTORS AT TIME OF OCCURRENCE.

26. PHASE OF FLIGHT:

SELECT PHASE OF FLIGHT WHERE ACCIDENT OR INCIDENT SEQUENCE STARTED.

27. ACTUAL WEATHER CONDITIONS:

SELECT ACTUAL WEATHER CONDITION AT TIME OF OCCURRENCE.

28. RUNWAY CONDITIONS:

ENTER RUNWAY DESIGNATOR AND RUNWAY INFORMATION IF EVENT OCCURRED ON A RUNWAY.

29. PILOT TRAINING INFORMATION:

ENTER TYPE AND DATE OF ALL TRAINING RECEIVED WITHIN LAST 24 MONTHS.

30. EVACUATION OVERVIEW:

SELECT IF AN EVACUATION WAS INITIATED; AND SELECT IF INJURIES OCCURRED ATTRIBUTABLE TO EVACUATION.

31. PILOT INFORMATION:

REQUIRED ONLY IF PILOT ACTIONS OR LACK OF ACTIONS CONTRIBUTED TO THE ACCIDENT/INCIDENT. ENTER ALL PILOT INFORMATION, INCLUDING THE HIGHEST CERTIFICATE MAINTAINED BY PILOT.

32. CORRECTIVE ACTION:

SELECT APPLICABLE CORRECTIVE ACTION(S) PLANNED OR INITIATED.

33. NARRATIVE:

ONLY STATE FACTS OR SEQUENCE OF EVENTS THAT ARE RELEVANT TO THE ACCIDENT OR INCIDENT.

34. NTSB PARTICIPATION :

IDENTIFY LEVEL OF NTSB PARTICIPATION IN INVESTIGATION.

35. FAA PARTICIPATION:

IDENTIFY LEVEL OF FAA PARTICIPATION IN INVESTIGATION. ON-SCENE CAN BE CHECKED IF THE INSPECTOR/INVESTIGATOR PARTICIPATES IN THE INVESTIGATION BEYOND USE OF THE TELEPHONE, I.E. ENGINE TEARDOWN, INTERVIEW, OR WRECKAGE INVESTIGATION NOT AT THE SCENE OF THE ACCIDENT.

36. FAA INITIAL NOTIFICATION:

IDENTIFY THE TIME THE FIRST FAA FACILITY IS MADE AWARE OF THE OCCURRENCE EITHER THROUGH DISCOVERY OR NOTIFICATION NOTE: USUALLY FIRST NOTIFICATION IS TO AIR TRAFFIC.

37. FSDO NOTIFICATION:

IDENTIFY THE FIRST CALL ON THE OCCURRENCE RECEIVED BY THE FSDO.

38. FAA IIC ARRIVAL ON SCENE:

IDENTIFY THE DATE AND TIME THE FAA IIC ARRIVES ON THE SCENE.

39. FAA HOURS USED FOR TOTAL INVESTIGATION:

IDENTIFY TOTAL HOURS FAA SPENT ON THE INVESTIGATION. THIS INCLUDES ON-SCENE, TRAVEL HOURS, AND NON-SCENE ACTIVITIES IN WHOLE HOURS ONLY.

40. TOTAL HOURS USED AT ACCIDENT/INCIDENT SCENE:

IDENTIFY TOTAL HOURS FAA SPENT AT THE SCENE IN WHOLE HOURS ONLY.

41. TOTAL TRAVEL HOURS TO & FROM SCENE:

IDENTIFY TOTAL HOURS FAA SPENT ON TRAVEL TO AND FROM SCENE IN WHOLE HOURS ONLY.

42. FAA NINE RESPONSIBILITIES:

IDENTIFY FAA AREAS OF RESPONSIBILITY INVOLVED. DETERMINATION OF RESPONSIBILITIES IS THE OPINION OF THE INSPECTOR/INVESTIGATOR BASED ON BACKGROUND, TRAINING, SKILL, AND EXPERIENCE. ANNOTATION OF ONE OR MORE RESPONSIBILITIES DOES NOT HAVE TO BE JUSTIFIED OR PROVEN. AN AIRMAN WHO MAKES A MISTAKE, WHICH RESULTS IN AN ACCIDENT IS ANNOTATED UNDER AIRMAN/AIR AGENCY COMPETENCE. IT IS NOT NECESSARY TO SUBMIT AN EIR BECAUSE OF ANNOTATION OF VIOLATION.

43. BRIEF EXPLANATION OF ISSUES INVOLVED FOR EACH OF THE NINE RESPONSIBILITIES INVOLVED.

DESCRIBE RELEVANT ISSUES SURROUNDING THE OCCURRENCE. IF NO ISSUES, EXPLAIN WHY.

44. FAA IIC INFORMATION:

ENTER IIC INFORMATION NAME AND OFFICE, AND DATE FORM COMPLETED.