



National Transportation Safety Board

Tim LeBaron IIC / US Acc Rep
Washington, D.C.
tim.lebaron@ntsb.gov
202-314-6371















RV4

N594TL



**National
Transportation
Safety Board**

About the NTSB

Tim LeBaron, IIC / US Acc Rep
Washington D.C.

National Transportation Safety Board

- 5 Board Members + Staff



**Chairman
Chris Hart**



**V. Chair
Bella
Dinh-Zarr**



**Member
Robert
Sumwalt**



**Member
Earl
Weener**

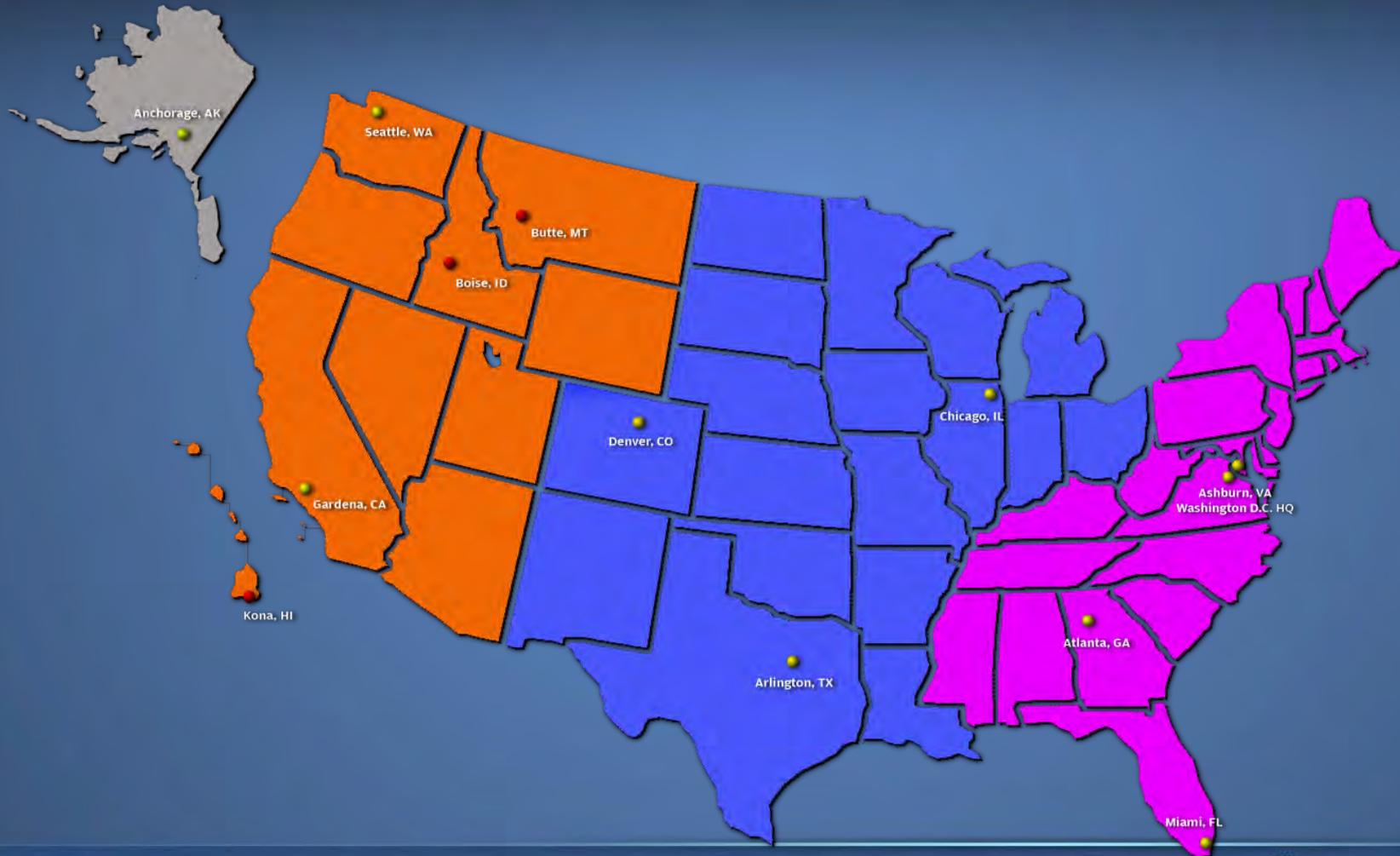


People, Places, Modes

- HQ – Washington, DC
- 4 Regional Offices
- About 400 employees total
 - \approx 50 HQ investigators
 - \approx 45 general aviation/field investigators
- Accident investigation (all modes)
 - Aviation
 - Highway
 - Marine
 - Railroad
 - Pipeline/Haz Mat
 - Commercial Space

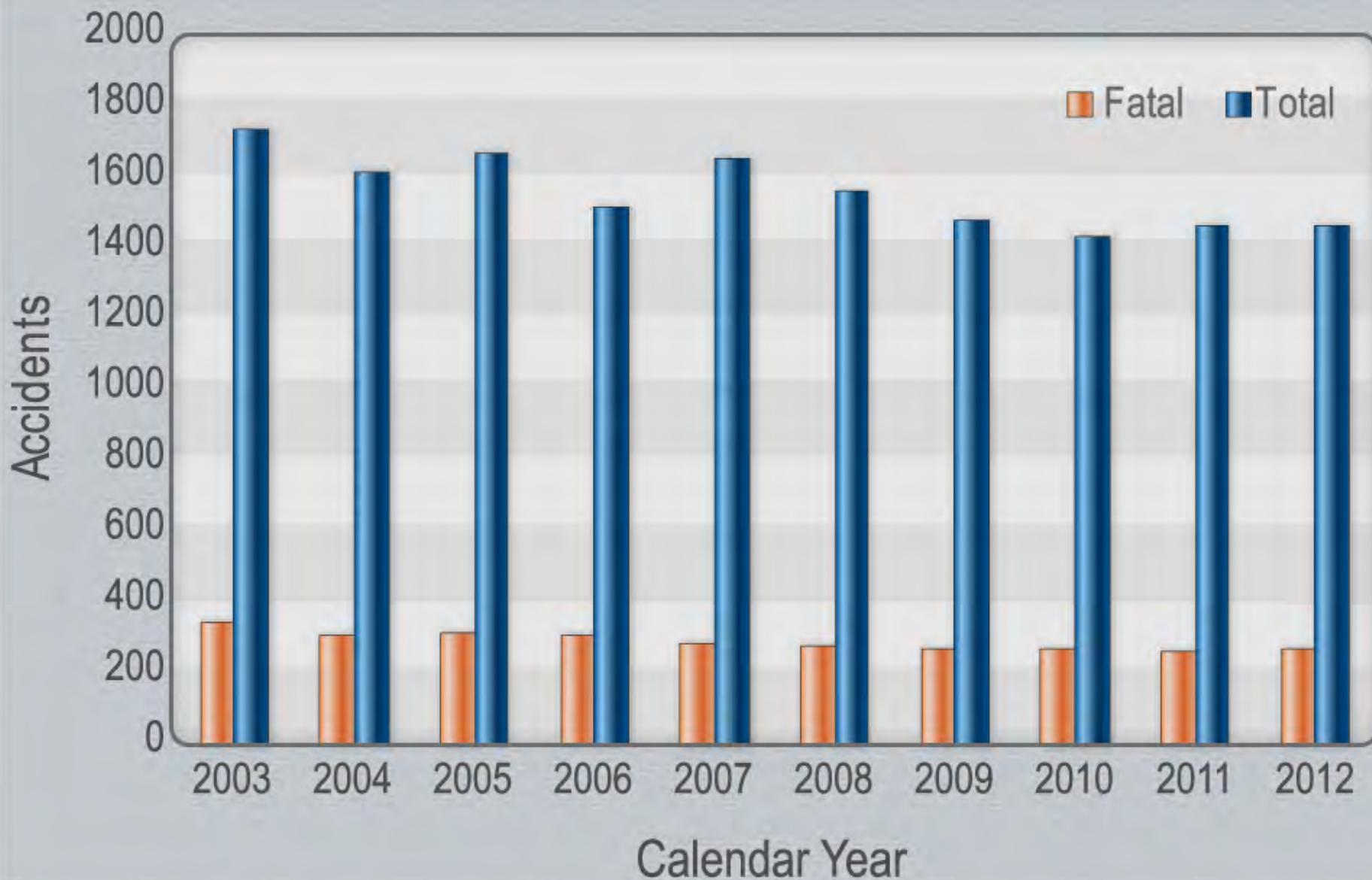


NTSB Aviation Regions

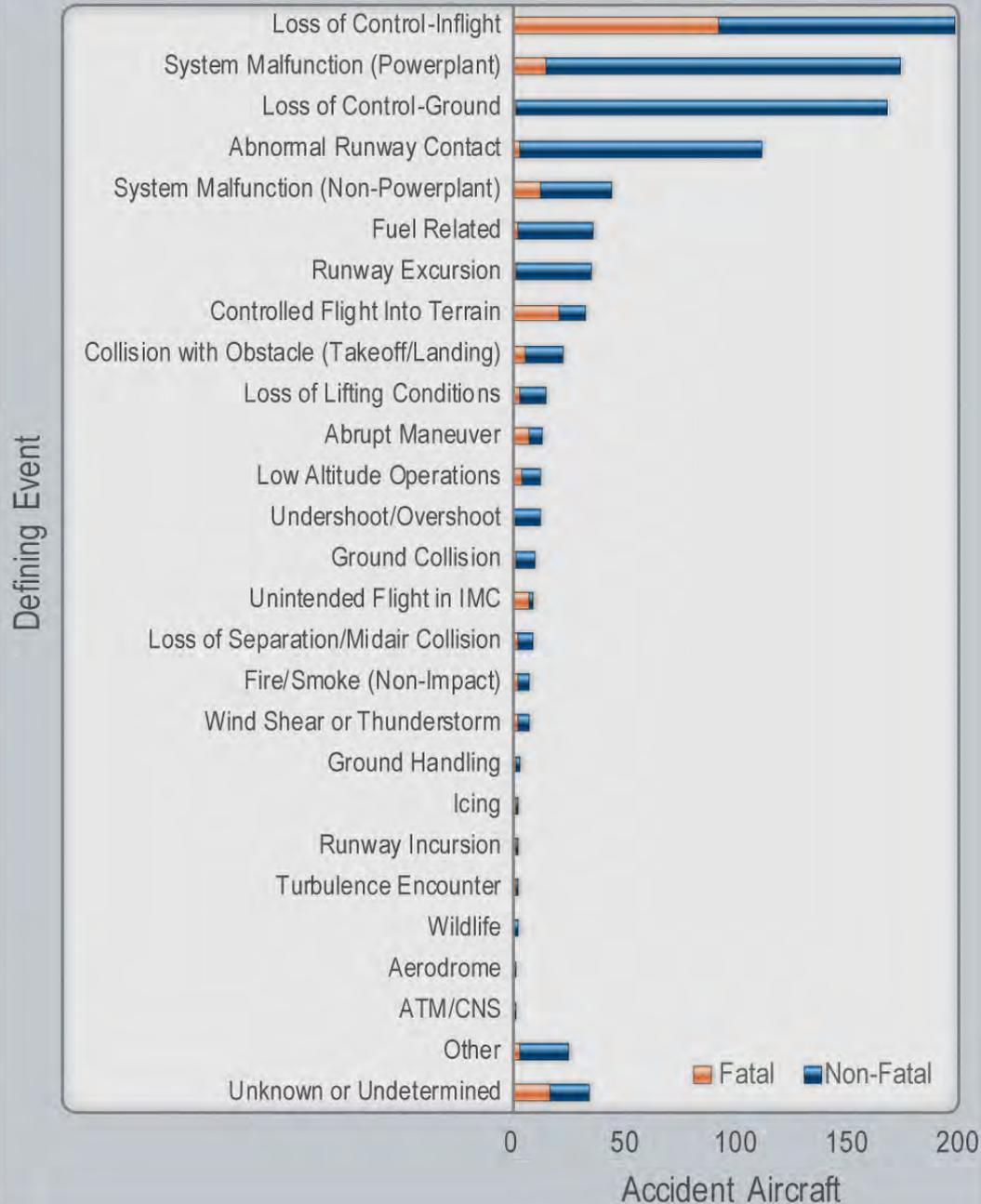


NTSB

General Aviation Accidents 2003-2012



Defining Event for Personal Flying Accidents, 2012



Accident Summary for Major Segments of US Civil Aviation CY 2012

Segment	Accidents	Fatal Accidents	Fatalities
Part 121 Air Carriers	27	0	0
Part 135 Commuter and On Demand Carriers	39	7	9
Part 91 General Aviation	1471	273	440
Total US Civil Aviation	1537	280	449

Aircraft Accidents / Incidents

- About 1,800 each year
- Field Investigators – 40 year
- HQ IIC / Acc Rep – 8 / 15 year

Types of Investigations

- There is no investigation
- NA - Notification
- SA- May turn into an investigation
- IA – Incident Investigation
- CA – Known Circumstances Investigation
- LA – Limited Investigation
- FA – Field Investigation
- MA – Major Investigation
- RA – International Investigation
- WA – International No Launch





National Transportation Safety Board

Questions?



National Transportation Safety Board

How to eat an elephant?





Be prepared before the accident

- A good investigation starts before the crash
- Go bag is packed
 - Medicine
 - Clothes are clean and correct
 - Personal Protective Equipment

Be prepared before the accident

- Backpack is ready
 - Computer
 - Camera
 - Paper, etc...
 - Business cards
 - Needed forms

My Go-Bag/Prelaunch Checklist

Gadgets:

- Blackberry – charger
- Electronics access bag
- Laptop – power brick, phone cord, adapters, mouse,
- Flip vid, tripod
- Camera/bag.
- GPS/XM, cables

Personal Documentation:

- Biz cards
- Travel CC
- NTSB ID/Neck purse
- Purchase CC
- Blue and Red Passports (IDP)
- NTSB badge and 1660
- Inoculations

(Above are bundled with Badge)

- Notebook(s)/Pen(s)
- Country Clearance/Visa
- Foreign Currency
- Personal Wallet – Driver's/CC etc.
- Car window thing, pins, patches

Forms/Documents:

- On-Scene Opening Speech
- Party participation form
- Risk management matrix
- Party participant matrix (Roster?)
- Go-Team Roster

PPB/Site Safety:

- Hard hat/gloves/vest/ear protection – in plastic box
- Poopy suit/biohazard kit?
- Resperator?
- Leatherman
- Sunscreen
- Bug spray
- Rain gear/Rubber Boots

Clothing/Accessories:

- NTSB Hat
- NTSB Windbreaker
- Backpack/Fanny pack
- Toiletries
- Boots
- NTSB logo denim shirts
- NTSB T-shirts
- 511 pants
- Regular slacks, shirts
- Shorts
- Running stuff/sneaks/footlocker
- Sox/unds
- Belts, shoes, tie
- Bottle holder
- Swimsuit/aqua sox

For cold wx

- NTSB Parka
- Gloves
- Long Sox
- Long Johns
- Fleece Liner
- Headband
- NTSB Sweatshirt
- Cold wx running
- Hand/foot warmers

Additional items:

- Foul weather gear
- Waders
- Survival kit
- Bars/coffee
- Big knife

Initial Notification



Initial Notification



Initial Notification

- Call
 - Media
 - ATC or airport operations
 - FAA
- Separating the Wheat from the Chaff
 - Tail was in the water
 - 61 bodies piled up in airplane
 - Cartwheeled – Holy smokes, it did!!!
- Others – fires, “sputtering”, etc. etc.

Initial Notification

- Often many talking on the phone at once
- Very chaotic
- Easy to forget what to ask
- Hang up with not enough information

ACCIDENT/INCIDENT INITIAL TELEPHONE NOTIFICATION

ACCIDENT # _____ PC # _____

RECEIVED BY: _____ DATE: _____ TIME: _____

NOTIFICATION FROM: _____ PHONE: _____

FSDO COVERING: _____ INSPECTOR: _____ PHONE: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

NUMBER OF CREW / PASSENGERS: _____ / _____ FATALITIES: _____ INJURIES: _____

AIRCRAFT REGISTRATION: _____ MAKE/MODEL: _____ PART: _____

LOCATION OF ACCIDENT: _____ COUNTY/PARISH: _____

DIRECTIONS TO SITE: _____

DESCRIPTION OF EVENT: _____

LAST POINT OF DEPARTURE: _____ (K _____) DATE / TIME: _____ / _____

INTENDED DESTINATION: _____ (K _____) DATE / TIME: _____ / _____

FLIGHT PLAN: _____ WEATHER BRIEF: _____ ATC: _____

DAMAGE: _____ VERIFIED? Y NFIRE? Y N

PILOT'S NAME: _____ AGE: _____

CERTIFICATE TYPE / NUMBER: _____ / _____ FLIGHT TIME: _____

PILOT'S ADDRESS: _____

PILOT'S PHONE NUMBERS: H _____ W _____ C _____

PHOTOGRAPHS?	ALL FOUR CORNERS?	CVR / FDR?
REMOVAL OF BODIES?	TERRAIN?	FUEL ON BOARD?
SECURITY?	BIOHAZARD?	GPS CORD. N _____ W _____
WITNESS STMNTS?	TOX REQUESTED?	IMPCT HEAD. _____ RST HEAD. _____
PAX STMNTS?	AUTOPSY REQUESTED?	RESTING POSITION?
WEATHER?	MEDIA?	CONTROL CONTINUITY?

After the initial call – Be Still



First Steps

- Connect with local authorities
 - Secure site, coordinate access
 - Bodies
- Find a Command Post location
- Sort out the Team – who is going?
- Coordinate initial meet-up
- Risk Management Worksheet

Accident Investigation Risk Management Worksheet

 MODE OF ACCIDENT Aviation DATE 05/07/20 PLACE Elephant Butte, IIC LeBaron

This worksheet is designed to be filled out by the IIC, or their representative, PRIOR to the accident investigation launch, daily during accident investigations in the field, and for any event not planned for in the daily risk management process. The purpose of the sheet is to aid the IIC in determining the types of risks associated with the launch, during the mission, and during the recovery of all team members to the home station. The front will be used as the hazard assessment, and the rear is for the control plan. Once controls are in place, reduce the risk to the next lowest value. This document may be faxed for signatures and approval.

	Low Risk: 0-20% Chance		Moderate Risk: 20-80% Chance		High Risk: 80-100% Chance		TOTAL	
							Before	After
Team duty hours (Hours awake)	Normal duty 8 hours	1	Extended duty 12 hours	3	Critical duty 16 hours (No duty past 16 hours)	6	1	1
Travel Disruption/Mode of Transportation (Add 2 pt. for travel at night)	If travel is less than 6 hours	1	If travel is between 6 - 10 hours	3	If travel exceeds 10 hours	5	1	1
Team Experience (Assess the team as a whole)	Well Trained	1	Partially Trained	3	Limited Training	5	1	1
Safety Equipment (If respirator used add 1 point)	All proper equipment issued	1	Limited amounts of equipment	3	Insufficient for all team member	6	1	1
Work Load Requirement	Low stress work load, no protective gear needed	1	Long walk or ride to site, partial PPE Needed	3	Full PPE suit required	5	1	1
Fitness Requirement	Similar duties to office work	1	Moderate physical effort or alt. Mode of transport & carrying loads	3	Heavy work load or complex physical work	6	3	3
Environment (Add 2 pts. for night or foreign location. Add 3 pts. for Maritme)	No Chemicals, Biting Insect Exposure, Minimal Wildlife	1	Chemicals Present, Non-Poisonous Plants, Other Wildlife	3	Hazmat/Toxic, Dangerous Animals, Poisonous Plants	6	6	3
Terrain	Flat terrain	2	Hilly Terrain, Swamp	4	Desert Terrain, Mountain Terrain	6	6	6
Altitude							Before	After
- Acclimated (Reside in elevations of 5,000 ft & higher)	5,000 to 8,000	1	8,000 to 11,000	3	Over 11,000	6	1	1
- Non-acclimated (Reside in elevations of less than 5,000 ft.)	2,500 to 5,000	1	5,000 to 8,000	3	Over 8,000	6		
Weather (Add 3 pts. for working during limited visibility)	Standard day, daytime hours 32* to 85*	1	Less than 32*, greater than 85*	3	Less than 0*, greater than 98*	6	1	1
							Before	After
							22	19
1-12 points, Low Risk IIC Approves	13 to 24 points, Moderate Risk IIC/ RD Approves			25+ points or any High Risks RD/Office Director Approves				

Individual Go/No Go (each person gives their own status on ability to do mission)

Has each person - been briefed, understand the risks, and feel ready to handle the mission?

Yes

Signature of appropriate supervisor: Timothy LeBaron Date _____

NOTE: Forms must be completed before each launch and each day of the accident investigation. Copies of the form(s) must be given to the office/regional safety representative by the 5th of each month who will forward the forms to AD-10 (OSH Staff).

Date Form Completed: 05/07/2011

NTSB Accident ID# CEN11FA312

Two hour launch window

- Airline Tickets
- Do laundry
- Call party members
- Send ICAO notification
- Camera battery dead
- Pack go bag!!
- Drive to airport



Be Prepared!

- Have important numbers available
- Go bag has been already been packed
- Important forms are in pre-made folder

While traveling to site

- Mind is always going
- What is the first things I'm going to do when I get there
 - Talk to law enforcement
 - Talk to families
 - Talk to media (not press conference at this time)

Assemble for Org Meeting

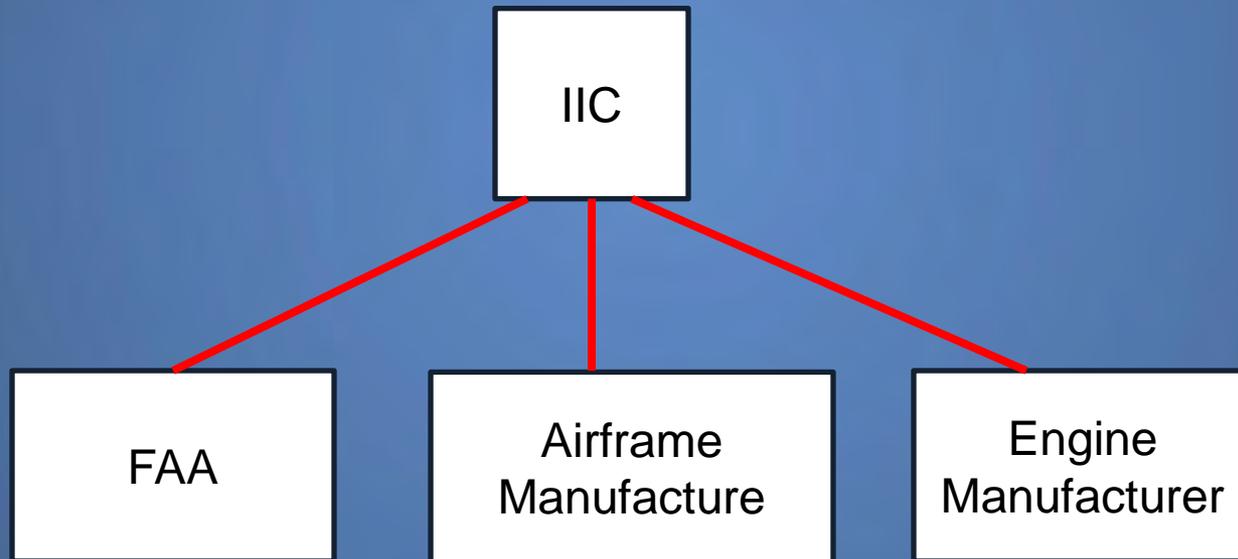


Organizing the Investigation

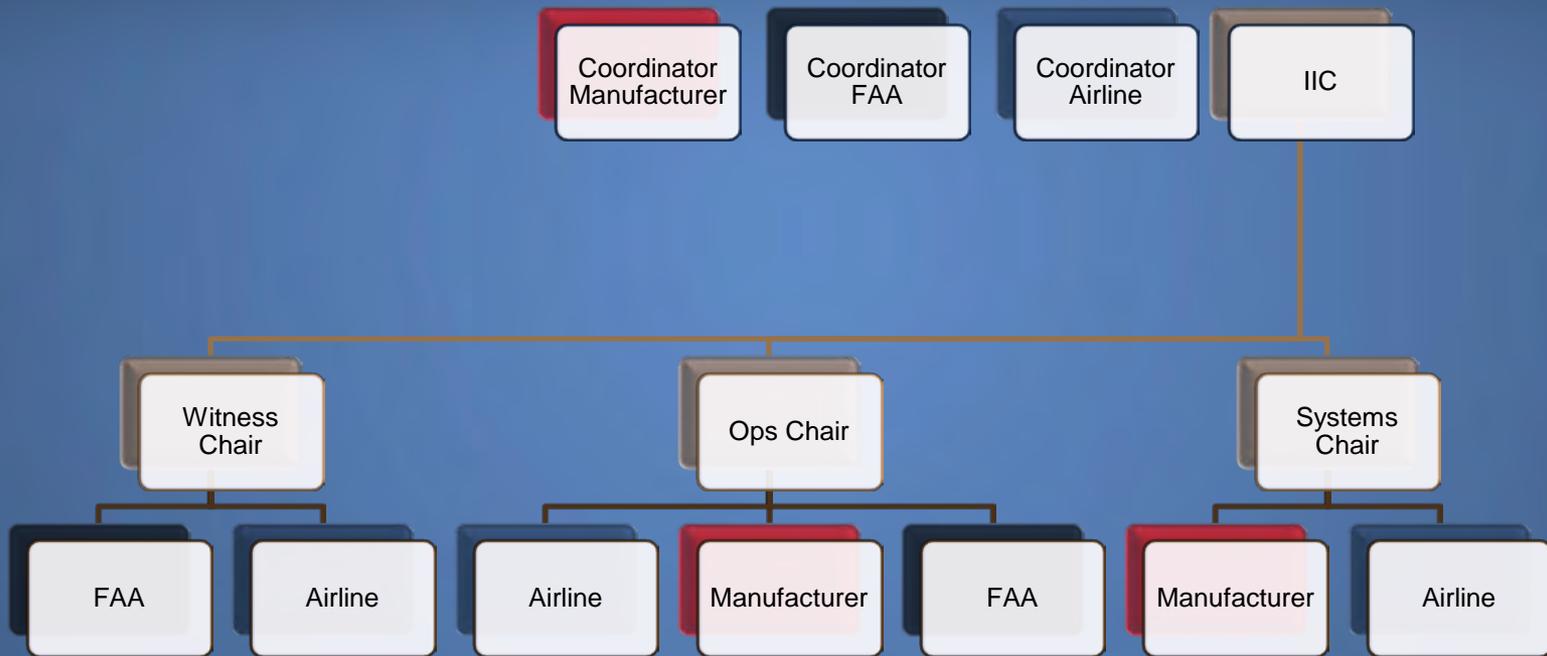
- The All-Important Org Meeting!
 - ASAP after team arrival
- No lawyers or media
- Share preliminary accident information
 - First responders
- Brief on rules and procedures
- Designate parties, groups
- Resist pressure to rush or skip



On Scene Organization Chart



On Scene Organization Chart



Document the wreckage site

- Document perishable evidence
- Don't try to figure out everything right now
- Use a checklist

**NATIONAL TRANSPORTATION SAFETY BOARD
ADMS ON-SCENE DATA COLLECTION FORM**

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: _____/_____/_____ Local Time: _____ Time Zone: _____ Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None
--	--

AIRCRAFT INFORMATION

Registration Number: _____ Manufacturer: _____ Model: _____ Serial Number: _____ Year of Manufacture: _____ Amateur-Built: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design <i>Make:</i> _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: _____ <i>Flight Crew Seats:</i> _____ <i>Cabin Crew Seats:</i> _____ <i>Passenger Seats:</i> _____ Number of Engines: _____
--	--

Category of Aircraft <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Standard</td> <td style="width:50%;">Special</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Acrobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 00-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAJP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: _____ <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident Type of Maintenance Program (Select one) <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ Description of Fire Extinguishing System <input type="radio"/> None <input type="radio"/> Specify: _____	Propeller 1 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ ELT Installed: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No <i>If activated:</i> Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No <i>If not activated:</i> Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
--	--

Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

FIELD ACCIDENT CHECKLIST			
ACCIDENT #		PC #	
DATE OF ACCIDENT:		TIME OF ACCIDENT:	
AIRCRAFT REGISTRATION:		MAKE/MODEL:	
DESCRIPTION OF EVENT:			
LOCATION OF ACCIDENT:		ZIP CODE:	
NEAREST AIRPORT:		AIRPORT IDENTIFIER:	
FIELD ELEV:	RWY ID:	LENGTH:	WIDTH:
RWY CONDITION:		SLOPE:	
AIRPORT MANAGER:			
ADDRESS:			
PHONE:			
EMAIL:			
FAA FSDO:		ADDRESS:	
INSPECTOR:		CELL PHONE:	
EMAIL:		WORK PHONE:	
INSPECTOR:		CELL PHONE:	
EMAIL:		WORK PHONE:	
PARTIES			
AIRFRAME PARTY:		PHONE:	
EMAIL:			
ENGINE PARTY:		PHONE:	
EMAIL:			
PROPELLER PARTY		PHONE:	
EMAIL:			
OTHER:		PHONE:	
EMAIL:			
OTHER:		PHONE:	
EMAIL:			

CONTACTS		
LAW ENFORCEMENT:		PHONE:
EMAIL:		
CORNER:		PHONE:
EMAIL:		
INSURANCE:		PHONE:
EMAIL:		
RECOVERY:		PHONE:
EMAIL:		
OTHER CONTACTS		
NAME:		PHONE:
REQUIRED ACCIDENT DATA:		
AIRCRAFT		
MAKE:	MODEL:	REGISTRATION #:
COLOR:	LAST INSPECTION:	TYPE:
ENGINE		
MAKE:	MODEL:	SERIAL NO.:
HP:	LAST INSPECTION:	TYPE:
PROPELLER		
MAKE:	MODEL:	SERIAL NO.:
	LAST INSPECTION:	TYPE:
ELT INSTALLED?	OPERATED?	ASSISTED?
ELT MAKE:	MODEL:	SERIAL NO.:
LAP BELTS	INSTALLED?	USED?
SHOULDER HARNESS	INSTALLED?	USED?
NUMBER OF SEATS?		

FIELD NOTES:
SCENE DESCRIPTION:
ENGINE:
RIGHT WING:
EMPENNAGE:
LEFT WING:

PILOT 1 DATA		
NAME:	INJURIES:	
ADDRESS:		
SPOUSE/FAMILY:		
HOME PHONE:	CELL PHONE:	
WORK PHONE:	OCCUPATION:	
EMAIL:		
CERTIFICATE TYPE:	CERTIFICATE #:	
INSTRUCTOR?	INSTRUMENT?	
BFR DATE:	BFR TYPE:	
TOTAL TIME:	TIME IN TYPE:	
MEDICAL TYPE:	ISSUE DATE:	RESTRICTIONS:
PILOT 2 DATA		
NAME:	INJURIES:	
ADDRESS:		
SPOUSE/FAMILY:		
HOME PHONE:	CELL PHONE:	
WORK PHONE:	OCCUPATION:	
EMAIL:		
CERTIFICATE TYPE:	CERTIFICATE #:	
INSTRUCTOR?	INSTRUMENT?	
BFR DATE:	BFR TYPE:	
TOTAL TIME:	TIME IN TYPE:	
MEDICAL TYPE:	ISSUE DATE:	RESTRICTIONS:
PASSENGERS	NUMBER:	
NAME:	INJURY:	
ADDRESS:	PHONE:	
NAME:	INJURY:	
ADDRESS:	PHONE:	
NAME:	INJURY:	
ADDRESS:	PHONE:	

WRECKAGE DIAGRAM

IMPACT COORDINATES:

LATITUDE: _____

LONGITUDE: _____

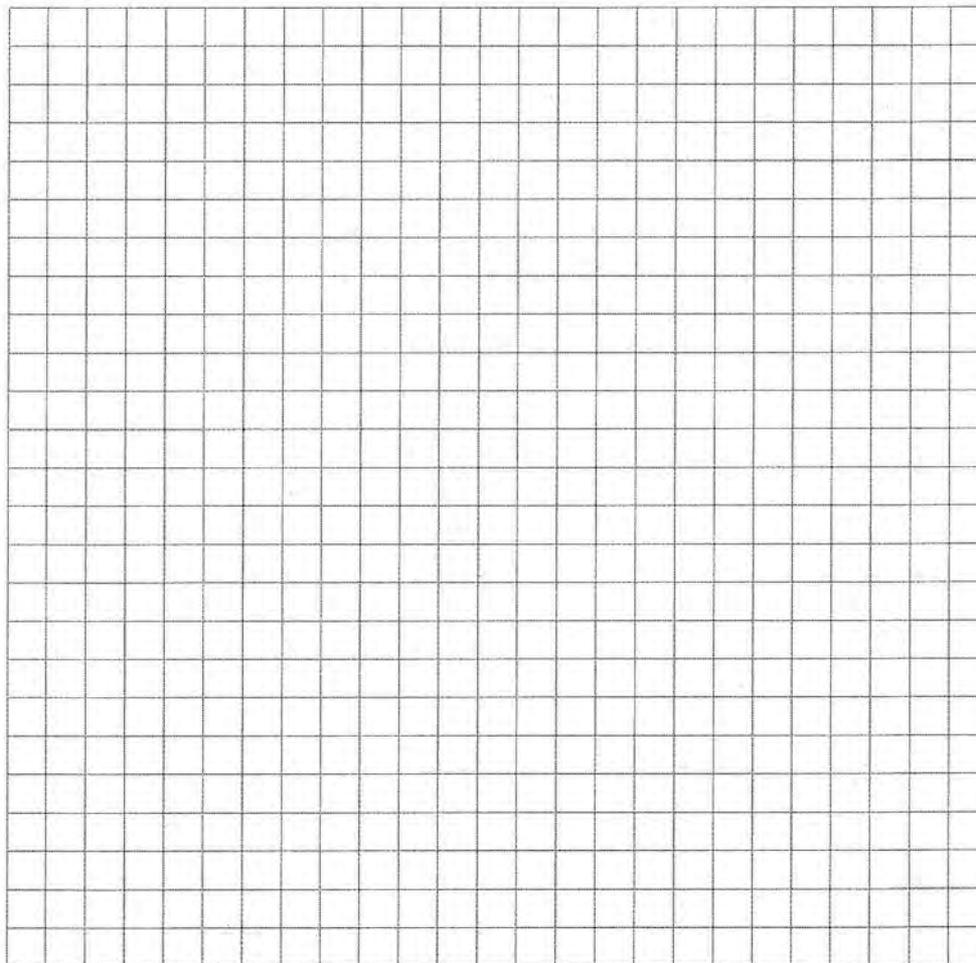
IMPACT HEADING: _____

RESTING COORDINATES:

LATITUDE: _____

LONGITUDE: _____

RESTING HEADING: _____



NOT TO SCALE

WITNESSES	
NAME:	
ADDRESS:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	OCCUPATION:
EMAIL:	
STATEMENT:	
NAME:	
ADDRESS:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	OCCUPATION:
EMAIL:	
STATEMENT:	
NAME:	
ADDRESS:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	OCCUPATION:
EMAIL:	
STATEMENT:	
NAME:	
ADDRESS:	
HOME PHONE:	CELL PHONE:
WORK PHONE:	OCCUPATION:
EMAIL:	
STATEMENT:	

Interviewing Witnesses

- Set the rules before hand with group
- Use small model aircraft
- Let the person talk
- Be silent
- Smells, sounds

Press Briefings



Press Briefings

- Set the rules before you start
- Time to get YOUR message out
- Have a bridging statement
- Use a checklist

(No hypothetical questions please. We are also not going to discuss the cause. We only deal in facts)

1) My condolences to the family and friends of the deceased

2) Why we are here

a) Safety

b) We hope to find a safety issue that we can recommend a safety change to TRY to prevent a tragedy like this from happening again.

3) What we are looking at

a) Man

b) Machine

c) Environment

(To assist me with this, I have the following parties participating in the investigation. Cessna, TCM, etc..)

4) How the NTSB process works

a) Within 5 days the PRELIM (ntsb.gov)

b) Within 6 months the FACTUAL

c) Up to a year Safety Board issues the Probable Cause

4) Why we are here

a) SAFETY

b) We hope to find a safety issue that we can recommend a safety change to TRY to prevent a tragedy like this from happening again.

"It's through tragedy that we learn information to make flying safer for us all"

5) Open for questions:

Information needed for press interview

N # _____ Make/Model _____

Year Built _____

How many seats _____

Engine horsepower _____

Time of accident _____

Where from and going _____

Progress Meetings

- At the end of every day
- Who attends?
- Who talks?
- First meetings can be quite lengthy
- Group Chairmen report daily findings
- Discussion will be factual not analytical
- Party Coordinator questions



NATIONAL TRANSPORTATION SAFETY BOARD
RELEASE OF AIRCRAFT WRECKAGE

ACCIDENT IDENTIFICATION
NUMBER

PART I—RELEASE OF AIRCRAFT WRECKAGE

REGISTERED OWNER (name and address)		REGISTRATION NUMBER—N
		MAKE
MODEL	Date of Accident	LOCATION
<p>The National Transportation Safety Board has completed its investigation of the aircraft wreckage described above. All wreckage except that listed on the reverse side is hereby released to the registered owner, or owner's representative, for appropriate disposition. (If no parts are retained, insert NONE.)</p> <p align="center">None</p>		
SIGNATURE OF NTSB REPRESENTATIVE	TITLE	DATE
	Aviation Accident Investigator	

(This section may be signed by a person, not the owner or owner's representative, who has knowledge of the disposition of the aircraft wreckage and its parts. Such signature does not place a responsibility for disposition of the wreckage upon that person.)

I HEREBY ACKNOWLEDGE:

Receipt of the above described aircraft wreckage.

SIGNATURE	TITLE	DATE

REMARKS:

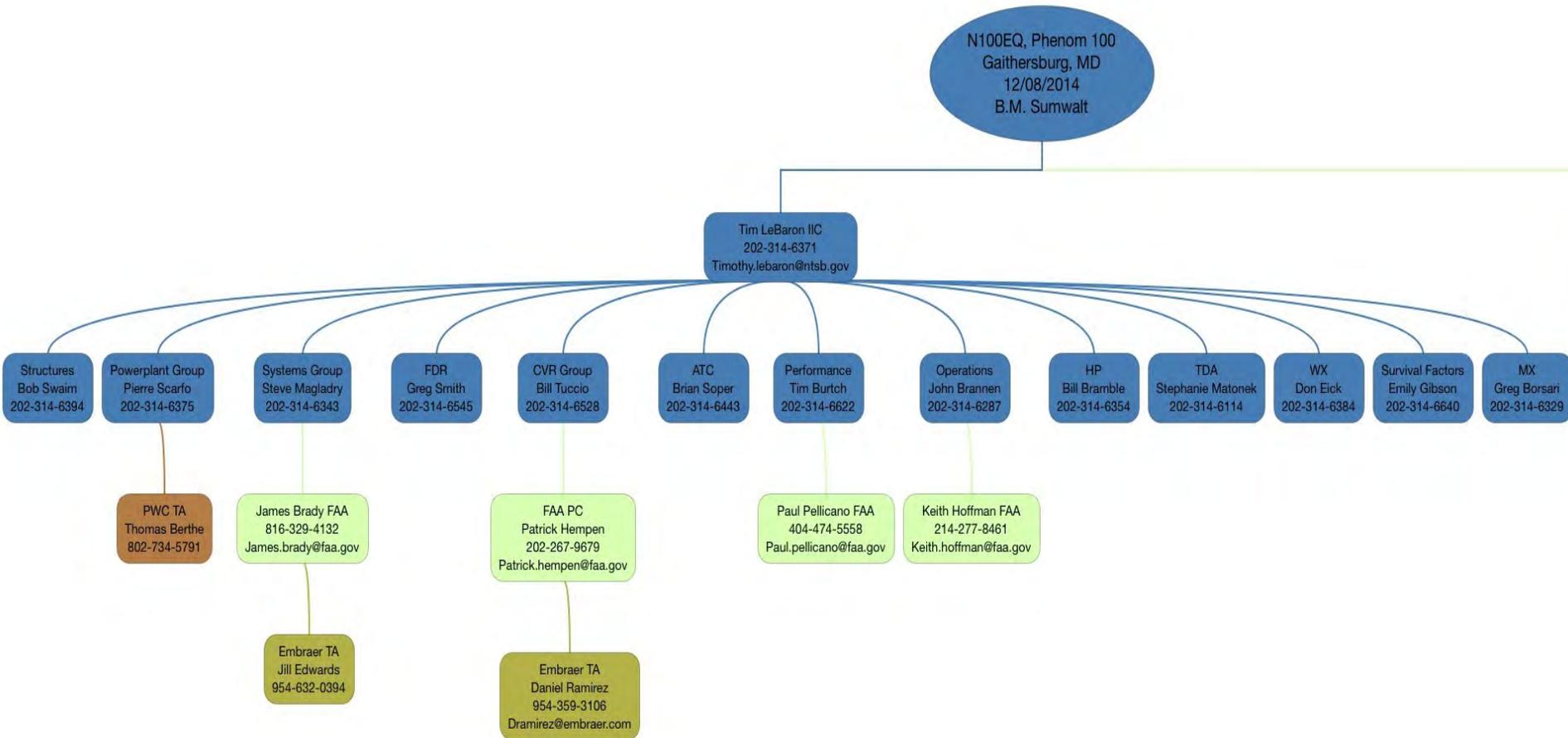
Congrats!



After you leave the site

- Component exams
- Metallurgy
- Pilot records
- Aircraft records
- Analyze
- Report writing

Mind Map - iThoughts



The Dreaded Report

- Don't reinvent the wheel
- Use a templet
- Use other AIB databases
- www.nts.gov
- www.bst-tsb.gc.ca/eng/
- [www.bea.aero/en/publications/rappo
rts/index.php](http://www.bea.aero/en/publications/rappor
rts/index.php)

HISTORY OF FLIGHT

On January, , at central daylight time, a , was XXXX damaged XXXXX, near XXX, XXXX. The XXX was registered to XXX and operated by XXX, of XXXXXX. The XXX pilot and XXX passengers were XXXX injured. XXXX meteorological conditions prevailed and a flight plan was XXX filed for the 14 Code of Federal Regulations Part XXX XXXX flight. The XXX-nautical mile XXXX flight originated from the XXXX, at XXX, and was destined for XXXX.

PERSONNEL INFORMATION

The pilot held a XXXXX pilot certificate with XXXX XXXXXXXX ratings, and was issued a XXXX-class medical on XXXX, XX, XXXX, with the limitation of XXXXX.

Review of the pilot's log books revealed XXX had accumulated a total of XXX hours of flight time, of which, XXX were in the accident make/model XXXX.

The pilot's logbooks were not recovered during the course of the investigation. The pilot reported on his most recent medical application that he has accumulated a total time of XXX hours.

AIRCRAFT INFORMATION

The XXXX-model XXXX, serial number XXX, was a XXX wing, semimonocoque design airplane, with a XXXX landing gear, configured for a maximum of XX occupants.

NON TURBINE AIRCRAFT

The airplane was powered by a normally aspirated, direct drive, air-cooled, horizontally opposed, fuel injected, XXXX-cylinder XXXXX engine, rated at XXX horsepower.

According to the airframe and engine logbooks, the airplane's most recent 100-hour/annual inspection was on XXXX, with a total time of XXX hours. At the time of the accident, the airframe and engine had accumulated a total of XXXX hours, XXX hours since the last inspection.

METEOROLOGICAL INFORMATION

The closest weather reporting station to the accident site was located at the XXXX (XXX), near XXXX, XXX, approximately XX nautical miles XXX of the accident site. At XXXX, the automated surface observing system at XXX reported wind from XXX degrees at XX knots, visibility XX statute miles, cloud condition XXXX, temperature XX degrees Fahrenheit, dew point XX degrees Fahrenheit, and an altimeter setting of

Doc 9756
AN/965



Manual of Aircraft Accident and Incident Investigation

Part I Organization and Planning

Approved by the Secretary General
and published under his authority

Second Edition — 2015



National
Transportation
Safety Board

Questions?

Tim LeBaron

202-314-6371

Tim.lebaron@ntsb.gov