

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>KINGS PARK</u> State: <u>N.Y.</u>		Date: <u>5/4/06</u> Local Time: <u>10:30 Am</u>	
ZIP: _____ Country: <u>USA</u>		mm/dd/yyyy	
Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Time Zone: _____	

Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input checked="" type="checkbox"/> None	<u>1,200</u> ft MSL
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> Midair	
<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> On-ground	
<input checked="" type="checkbox"/> Cruise	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Other	
<input type="checkbox"/> Hover	<input type="checkbox"/> Approach	<input type="checkbox"/> Unknown	

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility	Source of Weather Information	Method of Briefing
Facility ID: <u>KIST</u>	(Check all that apply)	(Check all that apply)
Observation Time: <u>10:00 AM</u>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> In Person
Time Zone: <u>EST</u>	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Teletype
Distance from Accident Site: <u>7</u> NM	<input checked="" type="checkbox"/> TV/Radio	<input type="checkbox"/> Telephone/Computer
Direction from Accident Site: <u>SE</u> degrees MAG	<input checked="" type="checkbox"/> Automated Report	<input checked="" type="checkbox"/> Aircraft Radio
	<input checked="" type="checkbox"/> Commercial Weather Service (DUATS)	<input checked="" type="checkbox"/> TV/Radio
	<input type="checkbox"/> Company	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Military	
	<input checked="" type="checkbox"/> Internet	
	<input type="checkbox"/> Unknown	

Briefing Type/Completeness	Light Condition	Visibility
<input type="checkbox"/> Full	<input type="checkbox"/> Dawn	<u>10+</u> miles
<input checked="" type="checkbox"/> Partial / Limited By Pilot	<input type="checkbox"/> Dusk	
<input type="checkbox"/> Partial / Limited By Briefer	<input type="checkbox"/> Night	
<input type="checkbox"/> Abbreviated	<input type="checkbox"/> Dark Night	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Bright Night	
<input type="checkbox"/> Not Pertinent	<input type="checkbox"/> Not Reported	

Sky/Lowest Cloud Condition	Ceiling	Restriction to Visibility
<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> None (clear)	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Few	<input type="checkbox"/> Broken	<input type="checkbox"/> Blowing Dust
<input type="checkbox"/> Partial Obscuration	<input type="checkbox"/> Overcast	<input type="checkbox"/> Blowing Sand
<input type="checkbox"/> Scattered		<input type="checkbox"/> Blowing Snow
<input type="checkbox"/> Thin Broken	<input type="checkbox"/> Obscured	<input type="checkbox"/> Blowing Spray
<input type="checkbox"/> Thin Overcast	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Dust
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Fog
		<input type="checkbox"/> Ground Fog
		<input type="checkbox"/> Haze
		<input type="checkbox"/> Ice Fog
		<input type="checkbox"/> Smoke
		<input type="checkbox"/> Unknown

Lowest Cloud Condition Height	Ceiling Height	Wind Direction	Wind Speed	Wind Gusts	Type of Turbulence
<u>N/A</u> ft AGL	<u>N/A</u> ft AGL	<input type="checkbox"/> Indicated: <u>APPROX. 270</u> degrees MAG	Velocity: <u>5</u> KTS	Velocity: _____ KTS	<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Variable	<input type="checkbox"/> Calm	<input type="checkbox"/> Gusting	<input type="checkbox"/> In Clouds
			<input type="checkbox"/> Light and Variable	<input checked="" type="checkbox"/> Not Gusting	<input type="checkbox"/> Clear Air
					<input type="checkbox"/> Vicinity of Thunderstorm
					Severity of Turbulence
					<input type="checkbox"/> Extreme
					<input type="checkbox"/> Moderate
					<input type="checkbox"/> Light
					<input type="checkbox"/> Severe
					<input type="checkbox"/> Moderate Chop

NOTAMs (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident

NO NE

Temperature: _____ (C) or <u>65-70</u> (F)	Icing Forecast	Type of Precipitation
	Amount	
Altimeter Setting: _____ in. HG or _____ MB	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Trace	<input type="checkbox"/> Drizzle
Density Altitude: _____ ft	<input type="checkbox"/> Light	<input type="checkbox"/> Rain
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Snow
Dew Point: _____ (C) or _____ (F)	<input type="checkbox"/> Severe	<input type="checkbox"/> Hail
	<input type="checkbox"/> Trace	<input type="checkbox"/> Rain Showers
	<input type="checkbox"/> Light	<input type="checkbox"/> Freezing Rain
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Snow Shower
	<input type="checkbox"/> Severe	<input type="checkbox"/> Ice Crystals
	<input type="checkbox"/> Trace	<input type="checkbox"/> Ice Pellets Shower
	<input type="checkbox"/> Light	<input type="checkbox"/> Freezing Drizzle
	<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe	
	<input type="checkbox"/> Trace	Intensity of Precipitation
	<input type="checkbox"/> Light	<input type="checkbox"/> Light
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Severe	<input type="checkbox"/> Heavy
	<input type="checkbox"/> Trace	
	<input type="checkbox"/> Light	
	<input type="checkbox"/> Moderate	
	<input type="checkbox"/> Severe	

AIRCRAFT INFORMATION

Manufacturer: SCHWEIZER
Model: S 269 C
Serial Number: 1458
Registration Number: N 380M

Max Gross Weight: 2,050 lbs
Weight at Time of Accident: ± 1,780 lbs
Location of Center of Gravity at Time of Accident:
 _____ inches from nose or datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyrocraft
 Helicopter
 Powered lift
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard
 Normal
 Utility
 Acrobatic
 Transport
Special
 Restricted
 Limited
 Provisional
 Experimental
 Special Flight
 Light Sport

Number of Seats: 3
If Large Aircraft, how many seats for:
 Flight Crew: _____
 Cabin Crew: _____
 Passengers: _____

Landing Gear Retractable
 Check any additional landing gear configuration that applies:
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Unknown

Type of Maintenance Program
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Last Inspection Type
 100 Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
+ 2 x 25 hour inspections

Date Last Inspection: 4/12/06
25 hour mm/dd/yyyy
Airframe Total Time: _____ hrs
 hours measured at (check one)
 Last Inspection Time of Accident

IFR Equipped
 Yes No Unknown

Stall Warning System Installed
 Yes No Unknown

Type of Fire Extinguishing System
 None
 Specify HALON 2.5 lb.

ELT Installed Yes No
ELT Activated Yes No
ELT Aided in Locating Accident / Incident
 Yes No

ELT Manufacturer: _____
Model/Series: _____
Serial Number: _____
Battery Type: _____ **Battery Exp. Date:** _____

Engine Type
 Reciprocating Turbo Jet
 Turbo Shaft Turbo Fan
 Turbo Prop Unknown

Reciprocating Fuel System Type
 Carburetor
 Fuel Injected

Propeller
 Fixed Pitch Controllable Pitch
Manufacturer: _____
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>H10-360-D1A</u>	<u>L-25290-51A</u>	<u>3/7/90</u>	<u>190 hp ±</u>	<u>2157</u>	<u>217 hours</u>	<u>± 759.4</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: WINGS AIR, LLC
 Fractional Ownership Aircraft: Yes No

Owner Address _____
City: White Plains
State: NY **ZIP:** 10604
Country: USA

Operator of Aircraft Same As Registered Owner
Name: _____
Doing Business As: _____
Air Carrier/Operator Designator (4 Character Code): W12A

Operator Address Same As Registered Owner
City: _____
State: _____
Country: _____

Regulation Flight Conducted Under
 FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 FAR 121 FAR 135 Non-US, Non-commercial Unknown
 FAR 125 FAR 137 Armed Forces

Revenue Sightseeing Flight
 Yes No
Air Medical Flight
 Yes No

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input checked="" type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ Distance From Airport Center: _____ SM
 Airport Name: _____ Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
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Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	Condition of Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KISP</u> City: <u>ISLIP, N.Y.</u> State: <u>N.Y.</u> Country: <u>USA</u>	Time of Departure Time: <u>10:20AM</u> Time Zone: <u>EST</u>	Destination Airport ID: <u>KHPN</u> City: <u>WHITE PLAINS</u> State: <u>N.Y.</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)

Nonc Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident occurred (Check all that apply)

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input checked="" type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

Aircraft Load Description (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input checked="" type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Sceds	

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type	<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3	<input type="checkbox"/> Other, specify _____
35 Gallons	<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A	<input type="checkbox"/> JP4		
	<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive	<input type="checkbox"/> JP5		

Other Services, if Any, Prior to Departure

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)	Total Time/Cycles On Part
Engine Failure	22157 Hours _____ Cycles
	Time Since This Part Inspected/Overhauled
	±759.4 Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage	Aircraft Fire	Aircraft Explosion
<input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial	<input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight	<input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin	<input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin
	<input type="checkbox"/> On-Ground	<input type="checkbox"/> On-Ground

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Aircraft sustained substantial damage:

- Tail separated from airframe
- skids completely bent/separated
- Blades (main rotor and tail rotor) separated and bent

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

PASSENGER/PILOT EXITED PASSENGER DOOR.

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

Please see attached

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

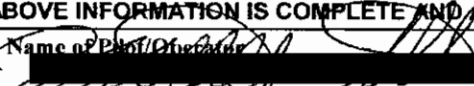
Better oversight of manufacturing practices/processes of engine/airframe manufacturers.

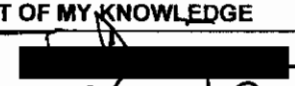
ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report
05/09/2006
mm/dd/yyyy

Signature and Name of Pilot/Operator
Signature: 
Type or Print Name: MITCHELL STEINBERG


Type or Print Name: Javier Diaz

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.
NYCOGLA106

Reviewed by NTSB Regional Office
NEZA-UA

Name of Investigator
Rayner

Date Report Received
5/9/06