

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)															
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>									
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal							
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown							
Last Name: _____		Country: _____				<input type="checkbox"/> Serious									
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>									
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer							
<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"/> Foreign															
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>									
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal							
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown							
Last Name: _____		Country: _____				<input type="checkbox"/> Serious									
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>									
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer							
<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"/> Foreign															
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>Pilot Name and Address</b>						<b>Degree of Injury</b>									
First Name: _____		City: _____				<input type="checkbox"/> None		<input type="checkbox"/> Fatal							
Middle Initial: _____		State: _____		ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown							
Last Name: _____		Country: _____				<input type="checkbox"/> Serious									
<b>Pilot Certificate(s) (Check all that apply)</b>						<b>Seat Occupied</b>									
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial		<input type="checkbox"/> Flight Engineer							
<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"/> Foreign															
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)															
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____															
Middle Initial: _____															
Last Name: _____															
City: _____															
State: _____															
ZIP: _____															
Country: _____															
First Name: _____															
Middle Initial: _____															
Last Name: _____															
City: _____															
State: _____															
ZIP: _____															
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City: _____															
State: _____															
ZIP: _____															
Country: _____															
First Name: _____															
Middle Initial: _____															
Last Name: _____															
City: _____															
State: _____															
ZIP: _____															
Country: _____															

Figure 1-4. NTSB Form 6120.1 (page 7 of 9).