

## NTSB TDA Accident Notification Supplemental Information Worksheet



DISCLAIMER: The information requested on this worksheet will be used by the NTSB and our Federal partners during the initial-launch phase of an NTSB accident investigation. Information requested on this worksheet is voluntary.

Air carriers are still responsible to comply with notification and reporting requirements in accordance with 49 CFR 830.

*Instructions:* Please complete the following survey with as much information as possible. This information should be submitted to the TDA Division **within 1-2 hours** after the Air Carrier makes the official accident notification to the NTSB Response Operations Center. For questions, please call TDA at 202-314-6185.

AIR CARRIER ACCIDENT INFORMATION										
Certificated Air Carrier Operator:										
Airline Flight Operat						Flight Number:				
Accident Site Location: (e.g. city & state, airport)							Time of Accident:			
TOTAL NUMBER OF PERSONS ON BOARD:										
PASSENGERS INFORMATION										
Adults:	Infants (lap-only):			Non-Revenue:		e:	Total Passengers:		ers:	
CREW INFORMATION										
# of Flight Crew (incl. jumpseat):	In-	# of Cabin Flight Crew		То	tal Cre	w:				
ADDITIONAL DETAILS										
HazMat onboard?: Yes No List Special Groups onboard: (e.g. VIPs, student groups)										
Aircraft Fatalities: Yes No Number of Aircraft Fatalities (if known):				Ground Fatalities: Yes No Unk Number of Ground Fatalities (if known):						
Is there ground structure damage?: Yes No Additional Details (e.g. office buildings, residential, shopping mall):										
Flight Pairing/Route	t Pairing/Route: Departure:				Arrival:					
Aircraft Type:				Aircra	ıft Nun	nber:				
Toll-Free Family Assistance Phone Number:					Air Carrier E Phone Numbe					
Air Carrier FRC Location(s):										
Air Carrier FAC Planned Location(s):										
Nearest Commercial Airport (to accident site):										
List of codeshare agreements:										
Air Carrier TDA POC Name, Title, & Direct Phone Number:						EMAIL Completed Form to:				
						assistance@ntsb.gov				