

CHAPTER 60

AERONAUTICAL INVESTIGATION AND ENFORCEMENT

Authority

N.J.S.A. 6:1-29, 6:1-44, 27:1A-5 and 27:1A-6.

Source and Effective Date

R.2002 d.239, effective June 21, 2002.
See: 34 N.J.R. 377(a), 34 N.J.R. 2466(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 60, Aeronautical Investigation and Enforcement, expires on December 18, 2007. See: 39 N.J.R. 2612(a).

Chapter Historical Note

Chapter 60, Issuance of Summons and Designation of Peace Officer, was adopted and became effective prior to September 1, 1969.

Pursuant to Executive Order No. 66(1978), Chapter 60, Issuance of Summons and Designation of Peace Officer, was readopted as R.1988 d.314, effective June 14, 1988. See: 20 N.J.R. 968(a), 20 N.J.R. 1731(b).

Pursuant to Executive Order No. 66(1978), Chapter 60, Issuance of Summons and Designation of Peace Officer, was readopted as R.1993 d.279, effective May 13, 1993. As a part of R.1993 d.279, effective June 7, 1993, Chapter 60 was renamed Issuance of Summons and Designation of Law Enforcement Officer. See: 25 N.J.R. 1484(a), 25 N.J.R. 2505(b).

Pursuant to Executive Order No. 66(1978), Chapter 60, Issuance of Summons and Designation of Law Enforcement Officer, was readopted as R.1997 d.206, effective April 24, 1997. See: 29 N.J.R. 742(a), 29 N.J.R. 2466(c).

Chapter 60, Issuance of Summons and Designation of Law Enforcement Officers, was renamed Aeronautical Investigation and Enforcement by R.1998 d.221, effective May 4, 1998. As a part of R.1998 d.221, effective May 4, 1998, Subchapter 2, Investigation of Aircraft Accidents and Incidents, was adopted as new rules. See: 30 N.J.R. 595(a), 30 N.J.R. 1629(b).

Chapter 60, Aeronautical Investigation and Enforcement, was readopted as R.2002 d.239, effective June 21, 2002. See: Source and Effective Date.

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SUBCHAPTER 1. ENFORCEMENT

16:60-1.1 Scope

This chapter sets forth procedures for the issuance of summons and complaints and empowers specific additional employees of the Division of Aeronautics with the authority to function as law enforcement officers in compliance with Title 6 of the New Jersey Statutes Annotated.

Amended by R.1993 d.279, effective June 7, 1993.
See: 25 N.J.R. 1484(a), 25 N.J.R. 2505(b).
Amended by R.1997 d.206, effective May 19, 1997.
See: 29 N.J.R. 742(a), 29 N.J.R. 2466(c).

16:60-1.2 Issuance of summons

Designated law enforcement officers of the Division of Aeronautics are hereby vested with the authority to issue a complaint and summons for non-compliance with N.J.S.A. Title 6 (Aviation) or non-compliance with any of the provisions contained in this chapter. All proceedings shall be brought before a Magistrate having jurisdiction in the municipality in which it is alleged that the violation occurred. Designated law enforcement officers shall file the complaint and issue a summons for any violation of N.J.S.A. Title 6 (Aviation). The form of complaint and summons used shall be as prescribed by the Administrative Director of the Courts pursuant to Rule 4:70-3 and Part VII, Rules Governing Practice in the Municipal Court.

Amended by R.1988 d.314, effective July 18, 1988.
See: 20 N.J.R. 968(a), 20 N.J.R. 1731(b).
Substituted "chapter" for "Subtitle".
Amended by R.1993 d.279, effective June 7, 1993.
See: 25 N.J.R. 1484(a), 25 N.J.R. 2505(b).
Amended by R.1997 d.206, effective May 19, 1997.
See: 29 N.J.R. 742(a), 29 N.J.R. 2466(c).

16:60-1.3 Designation action

(a) In addition to the personnel specifically designated as law enforcement officers by N.J.S.A. 6:1-29, the employees of the Division of Aeronautics assigned to the following positions are hereby designated as law enforcement officers:

1. Executive Director, Aeronautics and Freight Systems;
2. Deputy Director of Aeronautics;
3. Chief of Inspection and Aircraft Operations;
4. Supervisor Aeronautical Inspection Section;
5. Aeronautical Operations Specialist.

(b) Each member designated pursuant to (a) above shall comply with the procedures established by the Administrative Director of the Courts in the issuance of summons and complaints.

(c) The Deputy Director of Aeronautics is responsible for the accounting, control and distribution of the summons and complaint forms.

(d) No member designated pursuant to (a) above shall be authorized to carry or use weapons in the execution of assigned responsibilities. Assistance, as required, will be obtained from appropriate State or local law enforcement officers.

Amended by R.1983 d.477, effective November 7, 1983.

See: 15 N.J.R. 1456(a), 15 N.J.R. 1870(c).

Amended by R.1988 d.314, effective July 18, 1988.

See: 20 N.J.R. 968(a), 20 N.J.R. 1731(b).

Amended by R.1993 d.279, effective June 7, 1993.

See: 25 N.J.R. 1484(a), 25 N.J.R. 2505(b).

Amended by R.1997 d.206, effective May 19, 1997.

See: 29 N.J.R. 742(a), 29 N.J.R. 2466(c).

Inserted new (a)1 and recodified existing (a)1 through 4 as (a)2 through 5.

Amended by R.1998 d.221, effective May 4, 1998.

See: 30 N.J.R. 595(a), 30 N.J.R. 1629(b).

In (a)2 and (c), inserted "Deputy" preceding "Director".

SUBCHAPTER 2. INVESTIGATION OF AIRCRAFT ACCIDENTS AND INCIDENTS

16:60-2.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Aircraft accident" means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage.

"Fatal injury" means an injury which results in death within 30 days.

"Incident" means an occurrence other than an accident, associated with the operation of an aircraft, which affects or could affect the safety of operations. All forced landings in New Jersey are considered incidents for the purposes of this chapter.

"Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

"Serious injury" means any injury which:

1. Requires hospitalization for more than 48 hours, commencing within seven days from the date the injury was received;
2. Results in a fracture of any bone (except simple fractures of fingers, toes, or nose);
3. Causes severe hemorrhages, nerve, muscle, or tendon damage;
4. Involves any internal organ; or
5. Involves second or third degree burns, or any burns affecting more than five percent of the body surface.

"Substantial damage" means damage or failure which adversely affects the structural strength, performance, or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. Engine failure or damage limited to an engine if only one engine fails or is damaged, bent failings or cowling, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing-tips are not considered "substantial damage" for the purpose of this subchapter.

16:60-2.2 Aircraft accident reporting requirements

(a) The operator of an aircraft or anyone observing an aircraft accident or with knowledge that an aircraft accident has just occurred, shall immediately notify the New Jersey Division of Aeronautics through the New Jersey State Police by calling (609) 882-2000.

(b) The accident notification shall contain the following information if known:

1. The type, nationality, and registration marks of the aircraft;
2. The name of the owner, and the operator of the aircraft;
3. The name of the pilot in command;
4. The date and time of the accident;
5. The last point of departure and point of intended landing of the aircraft;
6. The position of the aircraft with reference to some easily defined geographical point;
7. The number of persons aboard, number killed, and number seriously injured;
8. The nature of the accident, weather and aircraft damage, so far as is known; and
9. A description of any explosives, radioactive materials, or other dangerous articles carried.

(c) The pilot or aircraft operator shall complete the New Jersey Department of Transportation Form DA-23, "Aircraft Accident Report," (see Appendix A, incorporated herein by reference) for any accident involving the operation of an aircraft which occurs in the State of New Jersey. The written report is to be submitted to the Division of Aeronautics within 72 hours after the accident.

16:60-2.3 Aircraft incident and forced landing reporting requirements

(a) The operator of an aircraft involved in an incident shall, within 24 hours of the occurrence, notify the New Jersey Division of Aeronautics at 609-530-2908 or via fax to 609-530-4549.

(b) The operator of an aircraft involved in a forced landing in the State of New Jersey, shall, immediately notify the New Jersey Division of Aeronautics through the New Jersey State Police at 609-882-2000.

(c) The incident or forced landing notification shall contain the following information if known:

1. The type, nationality, and registration marks of the aircraft;
2. The name of the owner, and the operator of the aircraft;
3. The name of the pilot in command;
4. The date and time of the incident;
5. The last point of departure and point of intended landing of the aircraft;
6. The position of the aircraft with reference to some easily defined geographical point;
7. The number of persons aboard; and
8. The nature of the incident or forced landing, weather and aircraft damage, so far as is known.

(d) The pilot or aircraft operator shall complete the New Jersey Department of Transportation Form DA-23, "Aircraft Accident Report," (see Appendix A) for any incident or forced landing involving the operation of an aircraft which occurs in the State of New Jersey. The written report is to be submitted to the Division of Aeronautics within 72 hours after the incident or forced landing.

16:60-2.4 Notification of next of kin

Names of pilots or passengers who are seriously or fatally injured shall not be released until after positive notification of next of kin has been accomplished.

16:60-2.5 Preservation of aircraft wreckage, mail, cargo, and records

(a) The operator of an aircraft, or if the operator is incapable, the first law enforcement agent on the scene, is responsible for preserving, to the greatest extent possible, any aircraft wreckage, cargo and mail aboard the aircraft, and all records pertaining to the operation and maintenance of the aircraft and to persons involved in an accident.

(b) Wreckage shall be disturbed only to the extent necessary:

1. To remove the person injured or trapped;
2. To protect the wreckage from further damage; and
3. To protect the public from injury.

(c) Where it is necessary to disturb or move aircraft wreckage, mail, or cargo, sketches, descriptive notes, and photographs shall be made, if possible, of the accident scene, including original position and condition of wreckage.

(d) The aircraft wreckage shall be released for the period of the investigation to the first official that appears on the scene from the New Jersey Division of Aeronautics, Federal Aviation Administration or the National Transportation Safety Board. In the event officials from both State and Federal governments are present, the Federal representatives shall take precedence.

16:60-2.6 Statements of witnesses

When determined necessary by a law enforcement official, New Jersey Department of Transportation Form DA-25, "Statement of Witness," (see Appendix B, incorporated herein by reference) shall be completed by any person or persons who observed the actual aircraft accident or incident, or any events prior to or immediately following said accident or incident.

16:60-2.7 Forced landings

In the event of a forced landing on other than a licensed aeronautical facility, for example, a highway, farm or field, a subsequent take-off is not permitted without the express authorization of the Division of Aeronautics which shall only be granted after a representative of the Division has adjudged the site to be safe for the type of aircraft and pilot experience involved. This permission cannot be granted by Federal or local officials. This section is nonwaivable regardless of the fact that no aircraft damage was incurred or that the malfunction or mishap that caused the forced landing has been corrected.

APPENDIX A

Form DA-23 7/84

THIS FORM TO BE USED FOR REPORTING
CIVIL AIRCRAFT ACCIDENTS INVOLVING
GENERAL AVIATION AIRCRAFT

(Check box(es) where applicable)

AIRCRAFT ACCIDENT REPORT

New Jersey Department of Transportation 1035 Parkway Ave. Trenton, N.J. 08625 Division of Aeronautics						REGISTRATION MARK N-		DATE OF ACCIDENT				
1. LOCATION	CITY OR PLACE, STATE					ELEVATION FT.	LOCAL TIME	ZONE A.M. P.M.				
	If accident occurred on approach or takeoff at an airport give the following information:											
	ON AIRPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF AIRPORT		MAGNETIC BEARING FROM NEAREST AIRPORT DEGREES: MILES:		RUNWAY DIRECTION: LENGTH:		TYPE OF SURFACE & CONDITION				
2. AIRCRAFT DATA	AIRCRAFT MAKE & MODEL		SERIAL NO.	TOTAL TIME AIRCRAFT	ENGINE MAKE AND MODEL		T.S.O. \Rightarrow	#1 ENGINE	#2 ENGINE			
	DATE OF LAST ANNUAL/ PROGRESSIVE INSPECTION		TIME SINCE LAST 100 HOUR INSPECTION	CATEGORY OF CERTIFICATE <input type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> RESTRICTED <input type="checkbox"/> EXPERIMENTAL <input type="checkbox"/> OTHER (Specify)								
	NAME AND ADDRESS OF OWNER OR OPERATOR					RELEASE WRECKAGE TO (Name & address)						
3. PURPOSE OF FLIGHT AND TYPE OF OPERATION	<input type="checkbox"/> SCHEDULED AIR TAXI <input type="checkbox"/> CARGO <input type="checkbox"/> BUSINESS TRANSPOR.		<input type="checkbox"/> CROSS COUNTRY		<input type="checkbox"/> PLEASURE/PERSONAL TRANSPORTATION		<input type="checkbox"/> AERIAL APPLICATION CROP CONTROL					
	<input type="checkbox"/> NON-SCHEDULED AIR TAXI <input type="checkbox"/> PASSENGER <input type="checkbox"/> CORPORATE/EXEC.		<input type="checkbox"/> LOCAL		<input type="checkbox"/> FERRY		<input type="checkbox"/> INSTRUCTIONAL					
	<input type="checkbox"/> MAIL CONTRACT		OTHER PURPOSE (Specify)					TYPE OF OPERATOR				
4. PILOT CERTIFICATE DATA	PILOT NAME		CERTIFICATE NO.	NATIONALITY OF PILOT		MEDICAL CERTIFICATE						
	<input type="checkbox"/> AIRLINE TRANSPORT <input type="checkbox"/> AIRPLANE		<input type="checkbox"/> MULTI ENGINE LAND <input type="checkbox"/> SEA		DATE OF ISSUE		<input type="checkbox"/> BY FAA <input type="checkbox"/> OTHER (Specify)					
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HELICOPTER		<input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SEA		CLASS		DATE OF BIRTH					
	<input type="checkbox"/> FLIGHT INSTRUCTOR <input type="checkbox"/> GYROPLANE				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
	<input type="checkbox"/> PRIVATE <input type="checkbox"/> GLIDER		TYPE RATINGS OR STUDENT ENDORSEMENT		LIMITATIONS							
	<input type="checkbox"/> STUDENT <input type="checkbox"/> INSTRUMENT											
5. PILOT FLIGHT TIME (in hours)	TIME		LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE			
			DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL
	A. THIS MAKE & MODEL											
	B. NIGHT—ALL MAKES											
	C. DAY—ALL MAKES											
	D. INSTRUMENT	ACTUAL										
		SIMULATED										
	SOURCE OF FLIGHT TIME INFORMATION:		E. SINGLE ENGINE FIXED WING									
	<input type="checkbox"/> PILOT FLT. LOG		F. MULTI ENGINE FIXED WING									
	<input type="checkbox"/> OPERATOR'S EST.		G. GLIDER									
<input type="checkbox"/> FAA RECORDS		H. HELICOPTER										
<input type="checkbox"/> OTHER (Specify)		I. GYROPLANE										
		J. (Sum of lines E, F, G, H, I) TOTAL										
6. SECOND PILOT CERTIFICATE DATA	SECOND PILOT NAME		CERTIFICATE NO.	NATIONALITY OF PILOT		MEDICAL CERTIFICATE						
	<input type="checkbox"/> AIRLINE TRANSPORT <input type="checkbox"/> AIRPLANE		<input type="checkbox"/> MULTI ENGINE LAND <input type="checkbox"/> SEA		DATE OF ISSUE		<input type="checkbox"/> BY FAA <input type="checkbox"/> OTHER (Specify)					
	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HELICOPTER		<input type="checkbox"/> SINGLE ENGINE LAND <input type="checkbox"/> SEA		CLASS		DATE OF BIRTH					
	<input type="checkbox"/> FLIGHT INSTRUCTOR <input type="checkbox"/> GYROPLANE				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
	<input type="checkbox"/> PRIVATE <input type="checkbox"/> GLIDER		TYPE RATINGS OR STUDENT ENDORSEMENT		LIMITATIONS							
	<input type="checkbox"/> STUDENT <input type="checkbox"/> INSTRUMENT											
<input type="checkbox"/> OTHER (Specify)												

7.	TIME	LAST 24 HOURS			LAST 90 DAYS			TOTAL TO DATE				
		DUAL	SIC	PIC	DUAL	SIC	PIC	DUAL	SIC	PIC	TOTAL	
SECOND PILOT FLIGHT TIME (in hours)	A. THIS MAKE & MODEL											
	B. NIGHT—ALL MAKES											
	C. DAY—ALL MAKES											
	D. INSTRUMENT	ACTUAL										
		SIMULATED										
	SOURCE OF FLIGHT TIME INFORMATION: [] PILOT FLT. LOG [] OPERATOR'S EST. [] FAA RECORDS [] OTHER (Specify)	E. SINGLE ENGINE FIXED WING										
		F. MULTI ENGINE FIXED WING										
		G. GLIDER										
		H. HELICOPTER										
		I. GYROPLANE										
J. (Sum of lines E, F, G, H, I) TOTAL												
8. PERSONNEL (List all on board, also persons injured on ground)	NAME OF PERSONNEL		ADDRESS AND SEAT OCCUPIED					NON OCCUPANT	DEGREE OF INJURY			
	PILOT								FATAL	SERIOUS	MINOR	NONE
	OCCUPATION		[] FRONT [] REAR [] LEFT [] RIGHT									
	PILOT											
	OCCUPATION		[] FRONT [] REAR [] LEFT [] RIGHT									
NUMBER OF PERSONS ABOARD AIRCRAFT		NUMBER OF NON-OCCUPANTS INJURED			TOTAL							
9. COLLISION ACCIDENT	If collision accident, complete this item on other aircraft. (If additional space is required, attach a supplemental sheet, identify data by item no.)											
	MAKE AND MODEL		REGISTRATION MARK N-		DAMAGE [] DEMOLISHED [] SUBSTANTIAL [] MINOR [] NONE							
10. WEATHER AT ACCIDENT SITE	SOURCE OF INFORMATION (W.B., witness, etc.)		SKY COVER [] CLEAR [] CEILING AT _____ FT. [] SCATTERED AT _____ FT.				WIND DIRECTION _____ VELOCITY _____ KTS., GUSTS _____ KTS.					
	TURBULENCE (in flight) [] NONE [] MODERATE [] EXTREME [] LIGHT [] SEVERE		LIGHT CONDITIONS [] DAWN/DUSK [] BRIGHT NIGHT [] DAYLIGHT [] DARK NIGHT				VISIBILITY _____ MILES		ALTIMETER SETTING _____ HG.			
	WEATHER CONDITIONS AND RESTRICTIONS TO VISIBILITY [] FOG [] SMOKE [] THUNDERSTORM [] SNOW [] FREEZING RAIN [] HAZE [] RAIN [] HAIL [] SLEET [] ICING CONDITIONS						TEMP (°F)		DEW POINT (°F)			
	11. FLIGHT PLAN INFORMATION											
FLIGHT PLAN FILED? [] YES [] SPECIAL VFR [] NO [] VFR [] IFR		IF WEATHER WAS INVOLVED, STATE IF WEATHER BRIEFING WAS OBTAINED OR IF WEATHER REPORTS WERE CHECKED AND HOW ACCOMPLISHED										
FUEL ON BOARD AT LAST TAKEOFF GALS. GRADE		DEPARTURE POINT		TIME OF DEPARTURE		DESTINATION						
OTHER SERVICE, IF ANY, PRIOR TO DEPARTURE												
12. MECHANICAL FAILURE/MALFUNCTION	[] YES [] NO (IF "YES," LIST THE NAME OF THE PART, MANUFACTURER, PART NUMBER, SERIAL NUMBER, ETC.)									TOTAL TIME		
										AT OVERHAUL	ON PART	

13. HISTORY OF FLIGHT	DESCRIBE WHAT HAPPENED IN CHRONOLOGICAL ORDER, THE CIRCUMSTANCES LEADING TO ACCIDENT AND NATURE OF ACCIDENT. DESCRIBE THE TERRAIN AND INCLUDE A SKETCH OF WRECKAGE DISTRIBUTION IF PERTINENT. ATTACH AN EXTRA SHEET IF MORE SPACE IS NEEDED. STATE POINT AND TIME OF DEPARTURE, INTENDED DESTINATION AND SERVICES OBTAINED.		
14. DAMAGE TO AIRCRAFT AND OTHER PROPERTY	DEGREE OF AIRCRAFT DAMAGE <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> MINOR <input type="checkbox"/> NONE	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> INFLIGHT <input type="checkbox"/> ON GROUND <input type="checkbox"/> NONE	EST. COST OF REPAIRS \$
15. RECOMMEN- DATIONS <i>(How could this accident have been prevented?)</i>	DESCRIPTION OF DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
OPERATOR/OWNER SAFETY RECOMMENDATIONS <i>(Optional entry)</i>			
I HEREBY CERTIFY that the above information is complete and accurate to the best of my knowledge.			
DATE OF THIS REPORT	SIGNATURE OF PERSON MAKING REPORT		TITLE
FOR OFFICIAL USE ONLY			
ACCIDENT NO.	INVESTIGATED BY	REVIEWED BY	DATE RECEIVED

APPENDIX B

Form DA-25

NEW JERSEY DEPARTMENT OF TRANSPORTATION

DIVISION OF AERONAUTICS

STATEMENT OF WITNESS

Place _____

Date _____

1. Place of Accident _____ Date _____ Hour _____
2. Make of Aircraft _____ FAA Certificate No. and Symbol _____
3. What is your name _____
Address _____
4. Occupation _____ Employed by _____
5. Where were you at the time of the accident? _____
6. Tell in your own words what you saw before and at the time the accident occurred.

Signature _____

(Use reverse side of sheet for diagram and additional statement)