

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Anchorage State: AK

ZIP: 99501 Country: USA

Latitude: N61 12.81' Longitude: W149 50.68'

*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 03/25/2018 Local Time: 1730

*mm/dd/yyyy*

Time Zone: AKDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: 4844E

Manufacturer: American Champion

Model: 7GC

Serial Number: 7GC-44

Year of Manufacture: 1959

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1650 lbs

Weight at Time of Accident/Incident: 1571 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☒ Unknown

### Landing Gear

*(Check all that apply)*

☐ Retractable

- ☐ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☒ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

☐ Other Launch/Recovery System

☒ None ☐ Unknown

### Engine Type *(Select one)*

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

### Fuel System Type *(Reciprocating)*

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-290-D2B</u>    | <u>L-8215-21</u>             |                                   | <u>140</u>                                                                                           | <u>2426.7</u>         | <u>10.9</u>                          | <u>765.1</u>        |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☒ Annual
- ☐ Continuous Airworthiness
- ☐ Conditional Inspection
- ☐ Unknown

Date Last Inspection: 01/20/2018  
*mm/dd/yyyy*

Airframe Total Time: 2464.7 hrs

hours measured at *(Select one)*

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program *(Select one)*

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None
- ☒ Specify: Halon hand held fire extinguisher

### Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: McCauley

Model: 1A175/GM8241

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Artex

Model or Part No.: ELT345

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
  - ☐ Fire Damage
  - ☐ Battery Expired/Damaged
  - ☒ Unknown

### Additional Equipment *(Check all that apply)*

- ☐ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☒ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Stephen L. MaillouxCity: AnchorageFractional Ownership Aircraft: ☐ Yes ☒ NoState: AK ZIP: 99516Country: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Elizabeth C RuppCity: Anchorage

Doing Business As: \_\_\_\_\_

State: AK ZIP: 99517

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: USA**Operating Certificates Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☐ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☐ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☒ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Merrill FieldDistance From Airport Center: 0 smAirport Identifier: PAMRDirection From Airport: n/a degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 137 ft. msl**Runway Information**Runway ID: 25 (L/R/C) Length: 4000 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

**Condition of Runway/Landing Surface (Check all that apply)**

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft  
☐ Slush-Covered ☐ Vegetation ☐ Unknown

**Approach/Departure Segment (Select one)**

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around  
☐ Initial Climb ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach (Check all that apply)**

- ☒ None
- ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ Unknown

**VFR Approach (Check all that apply)**

- ☐ None
- ☒ Traffic Pattern ☐ Stop and Go  
☐ Straight-In ☐ Touch and Go  
☐ Valley/Terrain Following ☐ Simulated Forced Landing  
☐ Go Around ☐ Forced Landing  
☐ Full Stop ☐ Precautionary Landing  
☐ Unknown

## "FLIGHT CREWMEMBER 1" INFORMATION

### "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

### "Flight Crewmember 1" Identification

First Name: Elizabeth City of Residence: Anchorage  
 Middle Initial: C State: AK ZIP: 99517  
 Last Name: Rupp Country: USA  
 Age at time of Accident/Incident: 47 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Seat Occupied</b><br><input type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                                                                  | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                 </td> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                 </td> </tr> </table> | Available                                         | Used                                | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
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| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Used                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input checked="" type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Flight Instructor        | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military                                                                                                                                                                        | <input checked="" type="checkbox"/> Private                                                                                                                                                                 | <input type="checkbox"/> Recreational                                                                                                                                                                                                     | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign                               | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |  | <b>Medical Certificate</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> None</td> <td><input checked="" type="radio"/> Class 3</td> </tr> <tr> <td><input type="radio"/> Class 1</td> <td><input type="radio"/> Driver's License (Sport Pilot only)</td> </tr> <tr> <td><input type="radio"/> Class 2</td> <td><input type="radio"/> Unknown</td> </tr> </table> |  | <input type="radio"/> None | <input checked="" type="radio"/> Class 3 | <input type="radio"/> Class 1 | <input type="radio"/> Driver's License (Sport Pilot only) | <input type="radio"/> Class 2 | <input type="radio"/> Unknown |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Flight Instructor                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> US Military              |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input checked="" type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Recreational                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Foreign                  |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sport                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="radio"/> Class 3                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> Class 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="radio"/> Driver's License (Sport Pilot only)                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> Class 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Medical Certificate Validity</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> Without limitations/waivers</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input checked="" type="radio"/> With limitations/waivers</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Special Issuance</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown       | <input checked="" type="radio"/> With limitations/waivers                                                                                                                                                   | <input type="radio"/> N/A                                                                                                                                                                                   | <input type="radio"/> Special Issuance                                                                                                                                                                                                    |                                            | <b>Date of Last Medical</b><br><u>02/05/2018</u><br>mm/dd/yyyy |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> Without limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input checked="" type="radio"/> With limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |
| <input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                            |                                                                |                                  |                                |                                          |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |                            |                                          |                               |                                                           |                               |                               |

### Medical Certificate Limitations

Must wear corrective lenses for near and distant vision

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_  
 mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><table style="width: 100%;"> <tr> <td> <input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> Airplane Single-Engine<br/> <input type="checkbox"/> Airplane Multi-Engine<br/> <input type="checkbox"/> Gyroplane<br/> <input type="checkbox"/> Powered Lift                 </td> <td> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport                 </td> </tr> </table> | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift                                                          | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport                                                                                                                             |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                                                            |

### Type Ratings

Tailwheel

### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 156          | 49                | 156                    |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 54           | 20                | 54                     |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 11           | 11                | 11                     |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 8            | 8                 | 8                      |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 4            | 4                 | 4                      |                      |       |            |           |            |        |                  |

## "FLIGHT CREWMEMBER 2" INFORMATION

### "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

☐ Pilot  
 ☐ Co-Pilot  
 ☐ Student Pilot  
 ☐ Flight Instructor  
 ☐ Check Pilot  
 ☐ Flight Engineer  
 ☐ Other Flight Crew

"Flight Crewmember 2" was pilot flying   ☐ Yes   ☐ No

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                                                                  | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                         | Used                                | <input type="radio"/> None                     | <input type="radio"/> None       | <input type="radio"/> Lap only         | <input type="radio"/> Lap only             | <input type="radio"/> 3-point                   | <input type="radio"/> 3-point    | <input type="radio"/> 4-point  | <input type="radio"/> 4-point            | <input type="radio"/> 5-point | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                               |                                                           |                               |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------|------------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------|--------------------------------|------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------|-------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Used                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Flight Instructor        | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military           | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational  | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign                | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               | <b>Medical Certificate</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> Class 3</td> </tr> <tr> <td><input type="radio"/> Class 1</td> <td><input type="radio"/> Driver's License (Sport Pilot only)</td> </tr> <tr> <td><input type="radio"/> Class 2</td> <td><input type="radio"/> Unknown</td> </tr> </table> |                               | <input type="radio"/> None    | <input type="radio"/> Class 3                                                                                                                                                                                                  | <input type="radio"/> Class 1 | <input type="radio"/> Driver's License (Sport Pilot only) | <input type="radio"/> Class 2 | <input type="radio"/> Unknown |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Flight Instructor                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> US Military              |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Recreational                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Foreign                  |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sport                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Class 3                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Class 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Driver's License (Sport Pilot only)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Class 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Medical Certificate Validity</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> Without limitations/waivers</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> With limitations/waivers</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Special Issuance</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown       | <input type="radio"/> With limitations/waivers | <input type="radio"/> N/A        | <input type="radio"/> Special Issuance |                                            | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Without limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> With limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td> <input type="checkbox"/> None<br/> <input type="checkbox"/> Airplane Single-Engine<br/> <input type="checkbox"/> Airplane Multi-Engine<br/> <input type="checkbox"/> Gyroplane<br/> <input type="checkbox"/> Powered Lift                         </td> <td> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport                         </td> </tr> </table> | <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
| <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift                                                              | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |

### Type Ratings

### Student Endorsements *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--------------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                                    |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                         |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                                 |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                                    |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                                      |              |                   |                        |                      |       |            |           |            |        |                  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                              |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                        | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                              |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                        | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                              |
| <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>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                              |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                        | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                              |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                        | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                              |
| <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 cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                              |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Seat</b>                                                                                                                                            | <b>Injury</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                | <b>Inflatable Restraints</b>                                                                                                                                                 |
| First Name: <u>Kathy</u> City : <u>Anchorage</u><br>Middle Initial: _____ State: <u>AK</u> ZIP: _____<br>Last Name: <u>Tranum</u> Country: <u>USA</u><br><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                            |  | <input type="radio"/> Left<br><input checked="" type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>2</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                        | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                      | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input checked="" type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                          |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown            |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                          |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown            |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                          |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                       | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown            |

## FLIGHT ITINERARY INFORMATION

|                                                                                                                                 |                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>JLA</u><br>City: <u>Cooper Landing</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1600</u><br>Time Zone: <u>AKDST</u> | <b>Destination</b><br>Airport ID: <u>PAMR</u><br>City: <u>Anchorage</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input checked="" type="radio"/> VFR<br><b>Activated?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                             |                                      |                                      |                                               |                                       |
|-------------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply) |                                      |                                      |                                               |                                       |
| <input type="checkbox"/> None                               | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input checked="" type="checkbox"/> VFR                     | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

|                                                                             |                                          |                                                         |                                                   |                                                       |
|-----------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <b>Airspace where the accident/incident occurred</b> (Check all that apply) |                                          |                                                         |                                                   | <b>Altitude of In-Flight Occurrence:</b> _____ ft msl |
| <input type="checkbox"/> Class A                                            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |                                                       |
| <input type="checkbox"/> Class B                                            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |                                                       |
| <input type="checkbox"/> Class C                                            | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |                                                       |
| <input checked="" type="checkbox"/> Class D                                 | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                   |                                                       |
| <input type="checkbox"/> Class E                                            | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |                                                       |
|                                                                             |                                          |                                                         |                                                   |                                                       |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)                                                                                                                                                                                                                                          | <b>Weather Observation Facility</b>                                                                                                                                  |
| <input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather | Facility ID: <u>PAMR</u><br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown                                                                                                                               |                                                                                                                                                                      |

|                                                                                                                               |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                                                                  |                                                                                       |                                                                                                              |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>6</u> kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>6</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Restriction to Visibility</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                            | <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |

| <b>Icing Forecast</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Icing Actual</b>               | <b>Turbulence</b> |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------|------------------------------------------|--------------------------------|------------------------------------|-----------------------------------|------------------------------------------|---------------------------------|------------------------------------------------|----------------------------------|
| <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount                            | Type              | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <table border="0"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | Type (Check all that apply) | Severity | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type                              |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> N/A         |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Rime        |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Clear       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Mixed       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown     |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type                              |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> N/A         |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Rime        |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Clear       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Mixed       |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown     |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| Type (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Severity                          |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Light    |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="checkbox"/> Clear Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Moderate |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="checkbox"/> Terrain-Induced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Severe   |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |
| <input type="checkbox"/> Convective Turbulence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Extreme  |                   |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |          |                                          |                                |                                    |                                   |                                          |                                 |                                                |                                  |

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None      ☐ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Fire at Unknown Time  
☐ On-Ground      ☐ Unknown

**Aircraft Explosion**

- ☒ None      ☐ Both Ground and In-Flight  
☐ In-Flight      ☐ Explosion at Unknown Time  
☐ On-Ground      ☐ Unknown

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

Right gear sheared/fractured at the axle. One half of the bolt hole for the support strut broke at the bolt, but remained attached at the attachment point by the other half of the bolting mechanism.

Right wing dragged along the ground and likely cracked the rear spar and possibly the front spar, although when the fabric was removed there were no cracks visible to the naked eye. Right aileron is bent where it attaches to the wing. Slight road rash to the outside edge of the right elevator (approx 3" long).

No damage to airport property.

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

We departed JLA at approximately 1600 after receiving a weather briefing update from Kenai FSS and activating our flight plan. The flight up to Turnagain Arm was uneventful and mostly smooth air.

I was flying west up Turnagain Arm from JLA and as I turned north and headed over Potter's Marsh I tuned the radio to the PAMR ATIS and heard that the winds were 340 at 6 knots. I then contacted the PAMR tower and identified myself and requested the Campbell arrival to land on Runway 34, since I wanted to land with as direct a headwind as I could, especially in a tailwheel plane. The tower responded by saying that they could not see me on the radar and that they were unable to give me Runway 34 as there were many planes landing on 25. I was told to fly straight in for a left base for 25 and report Tudor. I did not want to anger the controllers, so against my better judgement I continued north on the Campbell arrival for runway 25 as instructed. The tower and I communicated several times because they could not pick me up on the radar, so I told them my position and altitude each time. Somewhere north of Tudor they were able to see me on the radar and gave me clearance to land on 25. I made my base to final turn and conducted my GUMPS check. All of the airplane systems were normal. My approach was stable and the nose was lined up on the centerline of 25 and the VASIs showed that I was on a correct glide slope. I was still concerned about the direct crosswind, but the approach did not feel unstable. When I was on short final the tower informed me that there was going to be a simultaneous landing on runway 34, which struck me as ironic since I'd asked for that runway and been refused. I remember glancing at the windsock at the end of 25 as I descended past it and seeing that it still indicated a direct crosswind, but the approach still felt stable. I do not remember the next few seconds, I'm afraid that they are lost to the stress of the event. I do remember being on the ground in while the plane was in the ground loop and trying to control its direction by using the rudders and the brakes to no avail. As soon as the plane came to a stop facing the numbers, I immediately turned off all of the systems while asking my passenger if she was ok to which she responded she was. We exited the plane and immediately called the tower to ask how to proceed.

In the two days immediately prior to this event I had made 9 successful landings in the plane, 8 of which were on runway 25 at PAMR. The plane was in for its annual and I was unable to fly for the months of December and most of January, so once it was done with the annual I went up with a CFI two times for approximately 2 hours of landings to make sure that I was current and proficient after the long hiatus. I participated in aspects of the annual as an owner assist under the supervision of the IA and was confident of the aircraft's airworthiness.

**RECOMMENDATION (How could this accident/incident have been prevented?)**

## Operator/Owner Safety Recommendation

While I think that much of the problem came from the failure of the landing gear, I think that I should've held firm to my request to land with a headwind and not a direct crosswind or quartering tailwind. The tower was unwilling to let me land on 34 but then permitted another plane to have a simultaneous landing on 34 as I was on 25. I don't understand why the other plane received its requested runway when I did not. In future I will be more firm in my requests as PIC for the runway that I feel comfortable with and will wait as necessary for tower permission to use my requested runway.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Right oleo strut sheared at the axle. Do not have access to the part number.

American Champion/Aeronca

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

10.9 \_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

## Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

31 \_\_\_\_\_ Gallons

## Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify \_\_\_\_\_☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

## Other Services, if Any, Prior to Departure

**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

Once stopped, pilot opened door and both passenger and pilot exited the aircraft.

**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

## Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

## Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**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

04/25/2018

*mm/dd/yyyy*

Name of Pilot/Operator: Elizabeth C Rupp

Signature: \_\_\_\_\_

-- or -- ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or -- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ANC18LA030

Reviewed by NTSB Regional Office

Alaska Regional Office - ANC

Name of Investigator

Michael J. Hodges

Date Report Received

04/25/2018