

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: CHITKIAK State: AK  
 ZIP: 99567 Country: USA  
 Latitude: N61° 39.97' (dd:mm:ss N/S) Longitude: W149° 30.50' (ddd:mm:ss E/W)

### Date/Time

Date: 02/13/2023 Local Time: 1500  
 mm/dd/yyyy Time Zone: ALASKA

### Phase of Operation

INITIAL TAKE OFF ROLL NEVER GET AERIAL  
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☒ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

N/A ft MSL

## AIRCRAFT INFORMATION

Manufacturer: CESSNA AIRCRAFT

Model: 441Q

Serial Number: 44101772

Registration Number: N9572G

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3600 lbs

Weight at Time of Accident/Incident: 3407 lbs

Location of Center of Gravity at Time of Accident/Incident:  
± 42" inches from ☐ nose or ☒ datum  
 Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

Standard  
☒ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

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

### Number of Seats: 2

At TIME OF EXEMPT  
 If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

### Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

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

### Type of Maintenance Program

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

### Last Inspection Type

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

Date Last Inspection: 12/30/2022  
 mm/dd/yyyy

Airframe Total Time: 9724.6 hrs

hours measured at (check one)  
☒ Last Inspection ☐ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

### Type of Fire Extinguishing System

☐ None  
☒ Specify \_\_\_\_\_

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☐ Yes ☒ No

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: ARTEX PRODUCTS

Model/Series: 452-6499 REV F

Serial Number: 375217-047

Battery Type: ME 406 LITHIUM BATTERY Battery Exp. Date: Nov/2024

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: HARTZELL

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

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>CONTINENTAL</u>  | <u>TIO520 F</u>     | <u>280272-R</u>              | <u>?</u>                   | <u>300 HP</u>                                                                                                                          | <u>7415</u>        | <u>18</u>                     | <u>417.5</u>                |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: ROBERT D. JONES JR.Fractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: CHUGEAUState: ALASKA ZIP: 99567Country: USA**Operator of Aircraft**☒ Same As Registered OwnerName: ROBERT D. JONES JR.Doing Business As: HASPIRUS AIR SERVICE, LLCAir Carrier/Operator Designator (4 Character Code): H4AC70150**Operator Address**☒ Same As Registered Owner

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

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

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

**Regulation Flight Conducted Under**

- |                                  |                                             |                                                 |                                                                                                |
|----------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FAR 91  | <input type="checkbox"/> FAR 129            | <input type="checkbox"/> FAR 91 Special Flight  | <input type="checkbox"/> Public Use (select type)                                              |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133            | <input type="checkbox"/> Non-US, Commercial     | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local |
| <input type="checkbox"/> FAR 121 | <input checked="" type="checkbox"/> FAR 135 | <input type="checkbox"/> Non-US, Non-commercial | <input type="checkbox"/> Unknown                                                               |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137            | <input type="checkbox"/> Armed Forces           |                                                                                                |

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**Purpose of Flight**

for FAR 91, 103, 133, 137 (Select one)

- |                                              |
|----------------------------------------------|
| <input type="checkbox"/> Personal            |
| <input checked="" type="checkbox"/> Business |
| <input type="checkbox"/> Executive/Corporate |
| <input type="checkbox"/> Other Work Use      |
| <input type="checkbox"/> Instructional       |
| <input type="checkbox"/> Ferry               |
| <input type="checkbox"/> Positioning         |
| <input type="checkbox"/> Aerial Application  |
| <input type="checkbox"/> Aerial Observation  |
| <input type="checkbox"/> Air Drop            |
| <input type="checkbox"/> Air Race / Show     |
| <input type="checkbox"/> Flight Test         |
| <input type="checkbox"/> Public Use          |
| <input type="checkbox"/> Unknown             |

**Revenue Operation**

for FAR 121, 125, 129, 135 (Select one)

- |                                                               |
|---------------------------------------------------------------|
| <input type="checkbox"/> Scheduled or Commuter                |
| <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi |

**Domestic or International**☒ Domestic ☐ International**Cargo Operation**

- |                                                     |
|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Passenger/Cargo |
| <input type="checkbox"/> Passenger _____ How many?  |
| <input type="checkbox"/> Cargo _____ lbs            |
| <input type="checkbox"/> Mail                       |

**Type of Commercial Operating Certificate Held**

(Check all that apply)

- |                                                                   |
|-------------------------------------------------------------------|
| <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Flag Carrier Operating Certificate (121) |
| <input type="checkbox"/> Supplemental                             |
| <input type="checkbox"/> Air Cargo                                |
| <input type="checkbox"/> Foreign Air Carriers (129)               |
| <input type="checkbox"/> Commuter Air Carrier (135)               |
| <input checked="" type="checkbox"/> On-Demand Air Taxi (135)      |
| <input type="checkbox"/> Large Helicopter (127)                   |
| <input type="checkbox"/> Rotorcraft External Load (133)           |
| - or -                                                            |
| <input type="checkbox"/> Agricultural Aircraft (137)              |
| <input type="checkbox"/> Other Operator of Large Aircraft         |

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

Aircraft Registration Number

N/A

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

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

**Damage to Other Aircraft**

|                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Destroyed   | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Substantial | <input type="checkbox"/> None  |

**Registered Owner of Other Aircraft**

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

Middle Initial: \_\_\_\_\_

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

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

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

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

**Pilot of Other Aircraft**

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

Middle Initial: \_\_\_\_\_

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

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

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

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

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

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

**Total Time/Cycles On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

\_\_\_\_\_ Hours

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

|                                           |                                      |
|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None             | <input type="checkbox"/> Substantial |
| <input checked="" type="checkbox"/> Minor | <input type="checkbox"/> Destroyed   |

**Aircraft Fire**

|                                          |                                                    |
|------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> In-Flight       | <input type="checkbox"/> Unknown Origin            |
| <input type="checkbox"/> On-Ground       |                                                    |

**Aircraft Explosion**

|                                          |                                                    |
|------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Both Ground and In-Flight |
| <input type="checkbox"/> In-Flight       | <input type="checkbox"/> Unknown Origin            |
| <input type="checkbox"/> On-Ground       |                                                    |

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

RIGHT WING TIP, INCLUDING REGULAR FACTORY WING TIP, WING-X EXTER-  
EXTENSION MODIFICATION, SPAR BENT AT 10" INBOARD OF OUTBOARD END  
OF SPAR, TOP OF WING SKIN IN VICINITY OF BENT SPAR.

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

Airport Identifier: PABV Distance From Airport Center: N/A SM  
Airport Name: BERCHWOOD AIRPORT, AK Direction From Airport: N/A degrees MAG  
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: 70 ft. MSL

**Approach Segment** (Select one)

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

**IFR Approach** (Check all that apply) N/A

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

**VFR Approach** (Check all that apply) N/A

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

**Runway Information**

Runway ID: PABV (L/R/C) Length: 4012 ft Width: 100 ft

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

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

**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 ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: PABV  
City: SHUGTEK  
State: AK  
Country: USA

**Time of Departure**

Time: 1500  
Time Zone: ALASKA

**Destination**

Airport ID: PANC  
City: MCGRAVE  
State: ALASKA  
Country: USA

**Type Flight Plan Filed**

☐ None ☐ VFR/IFR  
☒ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
Activated? ☒ Yes ☐ No

**Type of ATC Clearance/Service** (Check all that apply)

☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)

☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

**Aircraft Load Description** (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

72 Gallons

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☐ 100 Low Lead ☐ Jet A ☐ JP4  
☒ 100/130 ☐ Automotive ☐ JP5

**Other Services, if Any, Prior to Departure**

N/A

**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

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: PABVObservation Time: 1445Time Zone: ALASKADistance from Accident Site: 0 NMDirection from Accident Site: N/A degrees MAG**Source of Weather Information**

(Check all that apply)

- |                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report                   | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |                                             |
|---------------------------------------------|
| <input type="checkbox"/> In Person          |
| <input type="checkbox"/> Teletype           |
| <input type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio     |
| <input type="checkbox"/> TV/Radio           |
| <input type="checkbox"/> Unknown            |

**Briefing Type/Completeness**

- |                                                       |                                                   |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Full                         | <input type="checkbox"/> Abbreviated              |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Partial / Limited By Briefer | <input checked="" type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <u>FLAT LIGHT</u>                       |                                | <input type="checkbox"/> Not Reported |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Clear               | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                 | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |                                        |

**Ceiling**

- |                                              |                                     |
|----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> None (clear)        | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken              | <input type="checkbox"/> Indefinite |
| <input checked="" type="checkbox"/> Overcast | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |                                        |                                     |
|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> None          | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust  | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand  | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow  | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust          | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

FLAT LIGHT**Wind Direction**☐ Indicated: 0 degrees MAG☐ Variable**Wind Speed**Velocity: 0 KTS

-or-

- ☒
- Calm
- 
- ☐
- Light and Variable

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

- ☐
- Gusting
- 
- ☒
- Not Gusting

**Type of Turbulence (Check all that apply)**

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

NONE WERE REPORT ON ADAS-BP FROM 135.55Temperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

- |                                          |                                |
|------------------------------------------|--------------------------------|
| Amount                                   | Type                           |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate        |                                |
| <input type="checkbox"/> Severe          |                                |

**Icing Actual**

- |                                          |                                |
|------------------------------------------|--------------------------------|
| Amount                                   | Type                           |
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Moderate        |                                |
| <input type="checkbox"/> Severe          |                                |

**Type of Precipitation (Check all that apply)**

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|--------|------|--------|--|-----|----|----|-----|-----|-----|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|---|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--------------|--------|--|--|--|--|--|--|--|--|--------------|--|--------|--|--|--|--|--|--|--|--|---------------|--|---|--|--|--|--|--|--|--|--|
| <b>Pilot "A" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Pilot "A" Identification</b><br>First Name: <u>ROBERT</u> City: <u>CHUBIAK</u><br>Middle Initial: <u>D</u> State: <u>AK</u> ZIP: <u>99567</u><br>Last Name: <u>TOVES JR</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>66</u> Date of Birth: <u>756</u> Certificate Number: <u>[REDACTED]</u><br><div style="text-align: center; font-size: small;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                               | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                                     |                                                                                                                                                                                                 | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                         | <b>Shoulder Harness</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                 |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>Date of Last Medical</b><br><u>08/28/2022</u><br><div style="text-align: center; font-size: small;">mm/dd/yyyy</div> |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><u>MUST WEAR CORRECTIVE DEVICES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Waivers</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>12/01/2022</u><br><div style="text-align: center; font-size: small;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                               | <b>Flight Review Aircraft</b><br>Make: <u>PIPER AIRCRAFT</u><br>Model: <u>PA-18</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free 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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                 | <b>Instructor Rating(s) (Check all that apply)</b><br><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<br><div style="float: right;"> <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           </div> |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 | <b>Student Endorsements (Include dates)</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make &amp; Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>17,120</td> <td>7700</td> <td>17,120</td> <td></td> <td>455</td> <td>24</td> <td>64</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td><del>0</del></td> <td>60 HRS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td>18 HRS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  | 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 | 17,120 | 7700 | 17,120 |  | 455 | 24 | 64 | N/A | N/A | N/A | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor | 0 |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | <del>0</del> | 60 HRS |  |  |  |  |  |  |  |  | Last 30 Days |  | 18 HRS |  |  |  |  |  |  |  |  | Last 24 Hours |  | 0 |  |  |  |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17,120       | 7700                                                                                                                                                                                                                                                                                                                          | 17,120                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                     | 455                                                                                                                                                                                             | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 64        | N/A                                                                                                                     | N/A                                                                                                                                                                       | N/A              |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0            |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del>0</del> | 60 HRS                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 18 HRS                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | 0                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                         |                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |        |      |        |  |     |    |    |     |     |     |                        |  |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |              |        |  |  |  |  |  |  |  |  |              |  |        |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |  |

N/A

| <b>PILOT "B" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| <b>Pilot "B" Responsibilities at the Time of Accident/Incident</b><br><input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot "B" Identification</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br>Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                               | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                          |                                                                                                                                                                                      | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                               |                                                 | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Waivers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free 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) (Check all that apply)</b><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) (Check all that apply)</b><br><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<br><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 |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  | 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 |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                                                                |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

N/A

| <b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                                                                                                                                                                             |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                                     |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |  |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<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>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                                     |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |  |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<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>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                                     |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |  |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<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>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |                                                                                                                                                                                                                                                             |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                                     |                          |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  | Seat                                                                                                                                                                                                                                                        | Crew                     | Non-Revenue              | Revenue                             | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                             |                          |
| First Name: <u>ALEX</u> City: <u>FAIRBANKS</u><br>Middle Initial: _____    State: <u>AK</u> ZIP: <u>99709</u><br>Last Name: <u>BERGMAN</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                           |  |  |  |  |  | Front                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                          |

**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 time and point of departure, intended destination, and services obtained.

DATE 02/13/2023, TIME 1500 AK TIME. ROB JONES JR. PILOT, OWNER, OPERATOR OF HESPERUS AIR SERVICE. WAS AT THE BIRCHWOOD AIR PORT LOADED 1 PASSENGER, 350 LBS OF FREIGHT AND 70 GAL (420 LBS) FUEL IN TANKS. WEATHER WAS REPORTED ON AWOB 135.55 AT BIRCHWOOD AS CALM WIND, 10 MILES VISIBILITY, OVERCAST CEILING OF 3000'. DESTINATION WAS MCGRATH AK. (PAMC). AFTER PASSENGER WAS BRIEFED, IN HOUSE FLIGHT PLAN FILED, WITH USE OF A SPOTRACKS TRACKING UNIT TO FLIGHT FOLLOW. ROB STARTED WITH EUGENE CASSA U206 F, N95726. AFTER PROPER WARM UP. STARTED TAXIING TOWARD ACTIVE RUNWAY 02L. DUE TO RELATIVELY HEAVY SNOW THE DAY BEFORE THERE WAS ABOUT 12" OF UNPLOWED NIGHT SNOW ON RUNWAY. THE OVERCAST CEILING HAD ALSO CREATED A VERY FLAT LIGHT SITUATION. MOST RUNWAY LIGHTS ALONG BOTH SIDES OF RUNWAY WAS NOT VISIBLE TO HELP WITH MAINTAINING A CENTERLINE RUNWAY TRACK. ~~THE~~ ROB ADDED POWER THINKING HE WAS HEARD UP ON CENTER LINE. HE VERRED SLIGHTLY LEFT OF OF CENTER LINE A THE LEFT MAIN WHEEL GOT INTO A SNOW BERM AND

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

Operator/Owner Safety Recommendation

THIS INCIDENT COULD HAVE BEEN TOTALLY AVOIDED BY MAKE SURE OF A CENTER LINE TRACK OFF BY CONTACTING RUNWAY PLOW GUYS (ST. OF AK AND REQUEST THE RUNWAY TO BE PLOWED. THIS WOULD HAVE CREATED A CONTRAST OF SURFACE COLOR AND FLAT LIGHT.

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

FORCED THE PLANE TO PIVOT 90° (PERPENDICULAR) OF CENTERLINE CAUSING THE PLANE TOE TIE THE PLANE AT THE RIGHT WING TIE IMPACTED THE RUNWAY SURFACE THEN CAME BACK DOWN ON ALL 3 TIRES. A LOCAL PERSON CAME OUT ON THE RUNWAY AND PULLED THE PLANE AWAY FROM THE BEAM AND ROB RESTARTED ENGINE AND TAXIED BACK TO HIS TIE DOWN.

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

Date of this Report

02/14/2023

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

ROBERT D. JONES JR.

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

Signature:

Type or Print Name:

Title:

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
ANC23LA022

Reviewed by NTSB Regional Office  
Alaska

Name of Investigator  
Mark Ward

Date Report Received  
2/23/2023