

# 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: WAUSAU State: WI  
 ZIP: 54403 Country: USA  
 Latitude: 44-55-24 N (dd:mm:ss N/S) Longitude: 089-37-32 W (ddd:mm:ss E/W)

### Date/Time

Date: 10/17/2012 Local Time: 8:20  
 mm/dd/yyyy Time Zone: CST

### Phase of Operation

☐ 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

0 ft MSL

## AIRCRAFT INFORMATION

Manufacturer: BEACH  
 Model: A 36  
 Serial Number: EA9137  
 Registration Number: W121UP Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 3600 lbs  
 Weight at Time of Accident/Incident: 2800 lbs  
 Location of Center of Gravity at Time of Accident/Incident:  
 -or- \_\_\_\_\_ 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** **Special**  
☐ Normal ☐ Restricted  
☒ Utility ☐ Limited  
☐ Acrobatic ☐ Provisional  
☐ Transport ☐ Experimental  
☐ Special Flight ☐ Light Sport

### Number of Seats: 6

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: 12/2011  
 mm/dd/yyyy

Airframe Total Time: 3750 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 4/ALOU

### ELT Installed

☒ Yes ☐ No

### ELT Activated

☒ Yes ☐ No

### ELT Manufacturer:

Model/Series: 406

### ELT Aided in Locating Accident/Incident

☒ Yes ☐ No

### Serial Number:

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### 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>CONT</u>         | <u>T0550</u>        |                              |                            | <u>300</u>                                                                                                                             | <u>1695</u>        |                               | <u>575</u>                  |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |



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

AIRCRAFT DESTROYED TOTALLY.

No property damage

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

Airport Identifier: KAUW Distance From Airport Center: 2.0 SM  
 Airport Name: WAUSAU DOWNTOWN AIRPORT Direction From Airport: 07 degrees MAG  
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 1201 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)

☐ 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)

☐ 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: 13/31 (L/R/C) Length: 5198 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

|                                                                                                                            |                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KUES</u><br>City: <u>WAUKESHA</u><br>State: <u>WI</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>8:45</u><br>Time Zone: <u>CDT</u> | <b>Destination</b><br>Airport ID: <u>KAUW</u><br>City: <u>WAUSAU</u><br>State: <u>WI</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br>Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

80 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

# EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot crawled out of passenger door.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Weather Observation Facility</b><br>Facility ID: <u>KANW</u><br>Observation Time: <u>1300Z</u><br>Time Zone: <u>CDT</u><br>Distance from Accident Site: <u>2</u> NM<br>Direction from Accident Site: <u>310</u> degrees MAG                                                                                      |  | <b>Source of Weather Information</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> National Weather Service<br><input checked="" type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> Unknown |  | <b>Method of Briefing</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input checked="" type="checkbox"/> Telephone/Computer<br><input checked="" type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                         |
| <b>Briefing Type/Completeness</b><br><input checked="" type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent |  | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported                                                                                                                                                                                                                               |  | <b>Visibility</b><br><u>1/4</u> miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown     |  | <b>Ceiling</b><br><input type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input checked="" type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                   |  | <b>Restriction to Visibility</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input checked="" type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown                                                                                                     |
| <b>Lowest Cloud Condition Height</b><br><u>100</u> ft AGL                                                                                                                                                                                                                                                           |  | <b>Ceiling Height</b><br><u>100</u> ft AGL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Wind Direction</b><br><input type="checkbox"/> Indicated: _____ degrees MAG<br><input checked="" type="checkbox"/> Variable <u>2</u>                                                                                                                                                                             |  | <b>Wind Speed</b><br>Velocity: _____ KTS<br>-or-<br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable <u>?</u>                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting <u>?</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                     |  | <b>Type of Turbulence</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input checked="" type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input checked="" type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b>                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Temperature:</b> _____ (C) <u>?</u><br>or _____ (F)<br><b>Altimeter Setting:</b> _____ in. HG<br>or _____ MB<br><b>Density Altitude:</b> _____ ft<br><b>Dew Point:</b> _____ (C)<br>or _____ (F)                                                                                                                 |  | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed                                                                                                                                                                           |  | <b>Type of Precipitation</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |
|                                                                                                                                                                                                                                                                                                                     |  | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed                                                                                                                                                                             |  | <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| <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>RANDALL</u> City: <u>MUSKEGON</u><br>Middle Initial: <u>C</u> State: <u>WI</u> ZIP: <u>53150</u><br>Last Name: <u>PACK</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>62</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <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 checked="" type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | <b>Seat Occupied</b><br><input checked="" 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 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)</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 checked="" 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 checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown                     |       | <b>Date of Last Medical</b><br><u>03/14/2011</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><u>EXGlasses for NEAR vision.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Waivers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>04/22/2010</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                               | <b>Flight Review Aircraft</b><br>Make: <u>BEACH</u><br>Model: <u>A36</u> |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | <b>Other Aircraft Rating(s)</b> (Check all that apply)<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)</b> (Check all that apply)<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)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td>1167</td> <td>200</td> <td>1167</td> <td>18</td> <td>88</td> <td>124</td> <td>113</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td>1113</td> <td>200</td> <td>1113</td> <td>18</td> <td>90</td> <td>120</td> <td>113</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">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="text-align: left; padding: 2px;">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="text-align: left; padding: 2px;">Last 90 Days</td> <td>50</td> <td>50</td> <td>50</td> <td></td> <td></td> <td>7</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td>12</td> <td>12</td> <td>12</td> <td></td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">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 | 1167 | 200 | 1167 | 18 | 88 | 124 | 113 |  |  |  | Pilot in Command (PIC) | 1113 | 200 | 1113 | 18 | 90 | 120 | 113 |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 50 | 50 | 50 |  |  | 7 |  |  |  |  | Last 30 Days | 12 | 12 | 12 |  |  | 4 |  |  |  |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1167         | 200                                                                                                                                                                                                                                                                                                                           | 1167                                                                     | 18                                                                                                                                                                                                                  | 88    | 124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 113       |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1113         | 200                                                                                                                                                                                                                                                                                                                           | 1113                                                                     | 18                                                                                                                                                                                                                  | 90    | 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 113       |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 50           | 50                                                                                                                                                                                                                                                                                                                            | 50                                                                       |                                                                                                                                                                                                                     |       | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12           | 12                                                                                                                                                                                                                                                                                                                            | 12                                                                       |                                                                                                                                                                                                                     |       | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |    |    |     |     |  |  |  |                        |      |     |      |    |    |     |     |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |              |    |    |    |  |  |   |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| PILOT "B" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| <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)</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>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)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<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)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                      | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport |                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                             |                                                                                                                                                                                      | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="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 colspan="5" style="background-color: black;"></td> <td></td><td></td> <td colspan="3" style="background-color: black;"></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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| <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: _____ 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"/> | <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"/> | <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"/> |

**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.

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

Operator/Owner Safety Recommendation

On the morning of October 17, 2012, I filed an IFR flight plan to Wausau, Wisconsin (KAUW). Nearing KAUW, the AWOS indicated that the airport was below minimums. I assumed that the early morning fog would be clearing soon and decided to shoot the approach, go missed and hold until the weather was above minimums.

As I descended towards the undercast, there was considerable glare from the sun reflecting off the clouds below.

Once I descended into the clouds, it got very dark and very turbulent. I practice instrument approaches regularly and it is my procedure to always set the decision altitude and lower the landing gear at the final approach fix. I think that I followed the practice on this approach.

I began to see holes in the fog to my left and the water was very dark below the fog.

I do not remember hearing the aural DA warning. I decided to go missed approach and I believe I began to configure the airplane for the missed approach. I then saw the hills and trees immediately before impact.

[REDACTED]

1/3/13

RANDALL L. PACE