

**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**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                           |                                                                |
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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Albers</u> State: <u>IL</u><br>ZIP: <u>62215</u> Country: <u>United States</u><br>Latitude: <u>38° 32' 45</u> (dd:mm:ss N/S) Longitude: <u>-89° 36' 33</u> (ddd:mm:ss E/W)                                                                                                                                                                                                                                      |  | <b>Date/Time</b><br>Date: <u>08/10/2013</u> Local Time: <u>6:15 P.M.</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>Central</u>                        |                                                                |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br><u>1,100</u> ft MSL |

**AIRCRAFT INFORMATION**

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Manufacturer:</b> <u>BELL</u><br><b>Model:</b> <u>206 B</u><br><b>Serial Number:</b> <u>680</u><br><b>Registration Number:</b> <u>N804LA</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Max Gross Weight:</b> <u>3,200.0</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>3,017.3</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>106.17</u> inches from <input checked="" type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- <u>                    </u> Percent Mean Aerodynamic Cord (% MAC) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Category of Aircraft</b><br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>5</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: <u>                    </u><br>Cabin Crew: <u>                    </u><br>Passengers: <u>                    </u>                                                                                                                                                          | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input checked="" type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: <u>                    </u> | <b>Last Inspection Type</b><br><input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>08/07/2013</u><br><small>mm/dd/yyyy</small><br><b>Airframe Total Time:</b> <u>7291.9</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
| <b>IFR Equipped</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                       | <b>Stall Warning System Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                 | <b>Type of Fire Extinguishing System</b><br>None <input type="checkbox"/><br><input checked="" type="checkbox"/> Specify <u>Halon 10633</u>                                                                                                                             |

|                                                                                                                       |                                                                                             |                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELT Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | <b>ELT Activated</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>American</u><br><b>Model/Series:</b> <u>AK450</u><br><b>Serial Number:</b> <u>488769</u><br><b>Battery Type:</b> <u>MN1300</u> <b>Battery Exp. Date:</b> <u>UNK</u> |
| <b>ELT Aided in Locating Accident/Incident</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                             |                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engine Type</b><br><input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input checked="" type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: <u>                    </u><br>Model: <u>                    </u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><small>mm/dd/yyyy</small> | 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 | Rolls Royce         | 250C20B             | CAEB23317                    | UNK                                       | 420                                                                                                                                    | 11627              | 1.1                           | NIL                         |
| Eng. 2 |                     |                     |                              |                                           |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                           |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                           |                                                                                                                                        |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>NM Land LLC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 | <b>Owner Address</b><br>City: <u>Albers</u><br>State: <u>IL</u> ZIP: <u>62215</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |
| <b>Regulation Flight Conducted Under</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> FAR 91</div> <div style="width: 33%;"><input type="checkbox"/> FAR 129</div> <div style="width: 33%;"><input type="checkbox"/> FAR 91 Special Flight</div> <div style="width: 33%;"><input type="checkbox"/> Public Use (select type)</div> <div style="width: 33%;"><input type="checkbox"/> FAR 103</div> <div style="width: 33%;"><input type="checkbox"/> FAR 133</div> <div style="width: 33%;"><input type="checkbox"/> Non-US, Commercial</div> <div style="width: 33%;"><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local</div> <div style="width: 33%;"><input type="checkbox"/> FAR 121</div> <div style="width: 33%;"><input type="checkbox"/> FAR 135</div> <div style="width: 33%;"><input type="checkbox"/> Non-US, Non-commercial</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> FAR 125</div> <div style="width: 33%;"><input type="checkbox"/> FAR 137</div> <div style="width: 33%;"><input type="checkbox"/> Armed Forces</div> </div> |                                                                                                                                                                                                                                                                                                 | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International | <b>Type of Commercial Operating Certificate Held</b><br>(Select all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft |                                                                                                                                                                                       |
| OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br><u>Part: Rolls Royce 250C20B Engine</u><br><u>Serial # - CAE823317</u><br><u>Description - Engine Flamed out in flight</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Total Time/Cycles On Part</b><br><u>11627.0</u> Hours<br><u>315</u> Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br><u>1.1</u> Hours                             |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                         | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |

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

Aircraft - Skids crushed, Tail boom chopped, Mast twisted, Main Rotar and Tail Rotor blades Damaged.  
Other Property - NONE

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

Airport Identifier: \_\_\_\_\_ Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: \_\_\_\_\_ Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: \_\_\_\_\_ 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 ☐ Sidestep ☐ 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: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

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

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

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

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point**

Airport ID: \_\_\_\_\_  
 City: Albers  
 State: IL  
 Country: USA

**Time of Departure**

Time: 6:15 P.M.  
 Time Zone: Central

**Destination**

Airport ID: \_\_\_\_\_  
 City: Pevely  
 State: MO  
 Country: USA

**Type Flight Plan Filed**

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

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

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

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

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

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

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

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
 (convert from pounds, as necessary)

Approx. 75 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**

NONE

**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 – Exited Right Hand crew member Door  
Passenger 1 – Exited Right hand crew member Door  
Passenger 2 – Exited Right Hand Passenger Door

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**

Facility ID: \_\_\_\_\_

Observation Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

**Source of Weather Information**

(Check all that apply)

- ☒ National Weather Service  
☐ Flight Service Station  
☐ TV/Radio  
☐ Automated Report  
☐ Commercial Weather Service (DUATS)  
☐ Company  
☐ Military  
☐ Internet  
☐ Unknown

**Method of Briefing**

(Check all that apply)

- ☐ In Person  
☐ Teletype  
☒ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

**Briefing Type/Completeness**

- ☐ Full  
☐ Partial / Limited By Pilot  
☐ Partial / Limited By Briefer  
☐ Abbreviated  
☐ Unknown  
☒ Not Pertinent

**Light Condition**

- ☐ Dawn  
☐ Day  
☒ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Not Reported

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

- ☒ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered  
☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

**Ceiling**

- ☒ None (clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

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

- ☒ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust  
☐ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**

- ☐ Indicated: \_\_\_\_\_ degrees MAG  
☐ Variable

**Wind Speed**

- Velocity: \_\_\_\_\_ KTS  
-or-  
☒ Calm  
☐ Light and Variable

**Wind Gusts**

- Velocity: \_\_\_\_\_ KTS  
☐ Gusting  
☒ Not Gusting

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

- ☒ None  
☐ Clear Air  
☐ In Clouds  
☐ Vicinity of Thunderstorm

**Severity of Turbulence**

- ☐ Extreme  
☐ Severe  
☐ Moderate  
☐ Moderate Chop  
☐ Light

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

NONETemperature: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

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

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

Amount

- ☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

Type

- ☐ Rime  
☐ Clear  
☐ Mixed

**Icing Actual**

Amount

- ☒ None  
☐ Trace  
☐ Light  
☐ Moderate  
☐ Severe

Type

- ☐ Rime  
☐ Clear  
☐ Mixed

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

- ☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Freezing Rain  
☐ Snow Shower  
☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy

# PILOT "A" INFORMATION

## Pilot "A" Responsibilities at the Time of Accident/Incident

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

## Pilot "A" Identification

First Name: BRAWT  
 Middle Initial: J  
 Last Name: KEHRER

City: New Memphis  
 State: IL ZIP: 62266  
 Country: USA

Age at time of Accident/Incident: 21 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

## Degree of Injury

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

## Seat Occupied

☐ Left ☒ Front ☐ Unknown  
☒ Right ☐ Rear  
☐ Center ☐ Single

## Seat Belt

Used ☒ Yes ☐ No  
 Available ☒ Yes ☐ No

## Shoulder Harness

Used ☒ Yes ☐ No  
 Available ☒ Yes ☐ No

## Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☒ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

## Principal Occupation

☐ Pilot  
☒ Other  
☐ Unknown

## Medical Certificate

☐ None ☐ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☒ Class 2 ☐ Unknown

## Medical Certificate Validity

☒ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

## Date of Last Medical

03/01/2010  
 mm/dd/yyyy

## Medical Certificate Limitations

NONE

## Medical Certificate Waivers

NONE

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

08/24/2011  
 mm/dd/yyyy

## Flight Review Aircraft

Make: Bell 206 B  
 Model: Tet Ranger

## Airplane Rating(s) (Check all that apply)

☒ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

## Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

## Instrument Rating(s) (Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

## Instructor Rating(s) (Check all that apply)

☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

## Type Ratings

NONE

## Student Endorsements (Include dates)

NONE

| 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                                                  | 181.6        | 140.6             |                        |                      | 15.8  |            |           | 181.6      |        |                  |
| Pilot in Command (PIC)                                      | 112.0        | 106.2             |                        |                      | 11.6  |            |           | 112.0      |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 13.6  |            |           |            |        |                  |
| Last 90 Days                                                | 1.1          | 1.1               |                        |                      | 0     |            |           | 1.1        |        |                  |
| Last 30 Days                                                | 1.1          | 1.1               |                        |                      | 0     |            |           | 1.1        |        |                  |
| Last 24 Hours                                               | 0            | 0                 |                        |                      | 0     |            |           | 0          |        |                  |

| 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> <i>(Check all that apply)</i><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><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><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><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                      | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make &amp; Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  | Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time <i>(enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                       | Airplane Single Engine                                                                                                                                                                                                                                   | Airplane Multiengine                                                                                                                                                                                               | Night                                                                                                                                                                                | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Rotorcraft                                      | Glider                                                                                                                                                         | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                 |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| ADDITIONAL FLIGHT CREW MEMBERS (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                                                                                                                                                                                   |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| PASSENGER(S)/OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |                                                                                                                                                                                                                                                             |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  | Seat                                                                                                                                                                                                                                                        | Crew                     | Non-Revenue                         | Revenue                  | Non-Occupant             | FAA                      | Fatal Injury             | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |                          |                          |
| First Name: <u>Jordan</u> City: <u>Trenton</u><br>Middle Initial: <u>L</u> State: <u>IL</u> ZIP: <u>62293</u><br>Last Name: <u>Fox</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                               |  |  |  |  |  | Aft<br>Right                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| First Name: <u>Sean</u> City: <u>Trenton</u><br>Middle Initial: _____ State: <u>IL</u> ZIP: <u>62293</u><br>Last Name: <u>Depper</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  | Left<br>Forward                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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.

See Exhibit A

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

Operator/Owner Safety Recommendation

UNKNOWN

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

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

See Exhibit A

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

Date of this Report

08/18/2013

mm/dd/yyyy

Signature and Name of Pilot/Operator

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

Type or Print Name: Brant Kehrer

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

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

Type or Print Name: \_\_\_\_\_

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN13LA487

Reviewed by NTSB Regional Office

NCR - Chicago

Name of Investigator

P.S. Sullivan

Date Report Received

8/27/13

## Exhibit A

On August 10, 2013, at approximately 6:18 p.m. CST helicopter N804LA experienced a total loss of engine power in the town of Albers Illinois, followed by a forced landing to a corn field in Albers Illinois resulting in substantial damage to the aircraft. The pilot in command and both passengers sustained no injuries and there was no damage to real property on the ground.

On August 10, 2013, at approximately 5:15 p.m. CST I, Brant Kehrer, sole pilot in command of the aircraft arrived to the hanger on my property in Albers IL to make a flight with two passengers to a car racetrack in Pevely Missouri. I pre-flighted the aircraft, pulled it out of my hanger, put 50 gal. of Jet A into the fuel tank, bringing my total fuel load to 75 gal. I briefed my passengers, checked weather and NOTAMS on my cell phone, and calculated a weight and balance for the flight, I loaded one of the passengers into the left-hand crew seat, loaded the other one into the right hand passenger aft seat. I ensured both passengers were wearing their seatbelts and/or shoulder harnesses. I then rolled the helicopter on its helipad to our lighted landing zone in preparation for departure.

On August 10, 2013, at approximately 6:13 p.m. CST I started the aircraft and performed a 2 minute run-up procedure in which I ran the checklist and ensured the aircraft was ready for departure. At approximately 6:15 p.m. CST I departed our helipad to the north in route of 600' AGL altitude. At approximately 6:17 p.m. CST at 500' AGL I began a slow east bound turn. Within 30 seconds of beginning the turn I noticed the engine had quit followed by a loss of N2 speed and the sounding of the "engine out" horn and illumination of the "engine out" caution light. I immediately bottomed the collective and entered an auto-rotation. At or around 25' AGL I zeroed the helicopters airspeed due to approaching power lines approximately 50 yards in front of the aircraft. The aircraft settled into a row of corn crop coming to rest on its left hand side. I immediately ensured all passengers were not injured and we exited the helicopter. No post fire occurred.

There were no abnormalities or known discrepancies prior to the loss of engine power. It was an instantaneous loss of engine power. I heard no abnormal noise or felt no abnormal vibration. The weather was clear with little to no wind and unlimited visibility.