

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Traverse City State: Mi
 ZIP: 49686 Country: GRAND TRAVERSE
 Latitude: 44°44.45 (dd:mm:ss N/S) Longitude: 085°34.95W (ddd:mm:ss E/W)

Date/Time

Date: 7/31/2014 Local Time: 2:35 PM
 mm/dd/yyyy Time Zone: Eastern

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

ft MSL

AIRCRAFT INFORMATION

Manufacturer: PIPER
 Model: PA 18
 Serial Number: 18-6160
 Registration Number: N8461D Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 1500 lbs
 Weight at Time of Accident/Incident: 1431.5 lbs
 Location of Center of Gravity at Time of Accident/Incident:
16.29-AFT-WLE inches from ☐ nose or ☒ datum 76.29
 -or- Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight ☐ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

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

Type of Maintenance Program

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

Last Inspection Type

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

Date Last Inspection: 11/25/2013
 mm/dd/yyyy

Airframe Total Time: 4504.4 hrs
 hours measured at (check one)
☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☒ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: PEK

Model/Series: _____

Serial Number: INFO NOT AVAILABLE

Battery Type: _____

Battery Exp. Date: _____

Engine Type

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

Reciprocating Fuel System Type

☒ Carburetor
☐ Fuel Injected

Propeller

☒ Fixed Pitch
☐ Controllable Pitch

Manufacturer: _____

Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	C90-12F	46586-8-12	6/04/05	95	2103	5.0	1303
Eng. 2								6/2/04
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Robert Redman</u>		Owner Address City: <u>Indian River</u> State: <u>MI</u> ZIP: <u>49749</u> Country: <u>Georgetown</u>
Fractional Ownership Aircraft: ☐ Yes ☒ No		
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No
		Air Medical Flight ☐ Yes ☒ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number <u>21121</u>	Manufacturer: <u>Cessna</u> Model: <u>441</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☒ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☒ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

SLIGHT DAMAGE
TAIL-TO
ONE ELEVATOR BENT
SLIGHTLY BENT PROP
WINDSHIELD BROKEN
ONE STRUT OF A BENT

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: TVCDistance From Airport Center: 1/4 mile E. SMAirport Name: Traverse City

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 624 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/TWOR☐ Localizer Only☐ Visual☐ Unknown☐ VOR/DME☐ LOC-back course☐ Contact☐ TACAN☐ RNAV☐ Circling**VFR Approach** (Check all that apply)☐ None☐ Traffic Pattern☒ Straight-in☐ Valley/Terrain Following☐ Go Around☐ Full Stop☐ Stop and Go☐ Touch and Go☐ Simulated Forced Landing☐ Forced Landing☐ Precautionary Landing☐ Unknown**Runway Information**Runway ID: 28 (L/R/C) Length: 6500 ft Width: 150 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☐ Holes☐ Ice Covered☐ Rough☐ Rubber Deposits☐ Slush Covered☐ Snow-Compacted☐ Snow-Crusted☐ Snow-Dry☐ Snow-Wet☐ Soft☐ Vegetation☐ Water-Calm☐ Water-Choppy☐ Water-Glassy☐ Wet☐ Unknown**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: Y65City: Indian RiverState: MICountry: Cheboygan**Time of Departure**Time: 1:30Time Zone: East**Destination**Airport ID: TVCCity: Traverse CityState: MICountry: Grand Traverse**Type Flight Plan Filed**☒ None☐ Company VFR☐ Military VFR☐ VFR☐ VFR/IFR☐ IFR☐ UnknownActivated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)☒ None☐ VFR☐ Special VFR☐ IFR☐ Special IFR☐ VFR On Top☐ VFR Flight Following☐ Traffic Advisory☐ Cruise☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A☐ Class B☐ Class C☒ Class D☐ Class E☐ Class G☐ Demo Area☐ Warning Area☐ Prohibited Area☐ Restricted Area☐ Military Operations Area (MOA)☐ Airport Advisory Area☐ Jet Training Area☐ TRSA☐ FAR 93☐ Special☐ Air Traffic Control Area☐ Unknown**Aircraft Load Description** (Check all that apply)☐ None☒ Passengers - 1☐ Cargo☐ Towing Glider☐ Towing Banner☐ Other External☐ Parachutists☐ Water☐ Chemical/Fertilizer/Seeds☐ Livestock☐ Unknown**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

2.0

Gallons

Fuel Type☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Automotive☐ JP3☐ JP4☐ JP5☐ Other, specify _____**Other Services, if Any, Prior to Departure**

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

1- Pilot
 1- Passenger
 Both exited AFTER opening OF DOOR

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: TVCObservation Time: 2:30Time Zone: ESTDistance from Accident Site: ON A/P NMDirection from Accident Site: NORTH 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

Visibility10+ 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 Height2500 ft AGL**Ceiling Height**NO CEILING ft AGL**Wind Direction**☒ Indicated:
230 degrees MAG☐ Variable**Wind Speed**Velocity: 13 KTS

- or-
☐ Calm
☐ Light and Variable

Wind GustsVelocity: N/A 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

N/ATemperature: _____ (C)
or 72 (F)Altimeter Setting: 30.03 in. HG
or _____ MBDensity Altitude: 1100 ftDew Point: 7 (C)
or 7 (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: Robert City: Indian River
 Middle Initial: J State: MI ZIP: 49749
 Last Name: Redman Country: Cheboygan
 Age at time of Accident/Incident: 75 Date of Birth: [REDACTED] Certificate Number: [REDACTED]

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 Retired
☐ 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
10/3/2013
 mm/dd/yyyy
Medical Certificate Limitations
WEAR CORRECTIVE GLASSES
Medical Certificate Waivers
N/A
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
7/10/13
 mm/dd/yyyy
Flight Review Aircraft

Make: Cessna
 Model: P-210

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)**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	5007.3	90.0	4811.1	196.0	63.2	3259	247.5	0	0	0
Pilot in Command (PIC)	4422.8	90.0	4300.0	173.0	58.0	1750	225.0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	29.0	5.0	29.0	0	0	0	0	0	0	0
Last 30 Days	10.0	3.0	10.0	0	0	0	0	0	0	0
Last 24 Hours	2.0	0	2.0	0	0	0	0	0	0	0

PILOT "B" INFORMATION																																																																																																				
Pilot "B" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: <u>NIA</u> Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ 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 ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ U.S. Military ☐ Foreign																																																																																																				
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 mm/dd/yyyy																																																																																												
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Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
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 ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																											
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">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 (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
Pilot Name and Address						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
Pilot Name and Address						Degree of Injury										
First Name: _____ City: _____						☐ None ☐ Fatal										
Middle Initial: _____ State: _____ ZIP: _____						☐ Minor ☐ Unknown										
Last Name: _____ Country: _____						☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign						☐ Left ☐ Front										
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						☐ Right ☐ Rear										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						☐ Center ☐ Single										
Total Flight Time at the Time of this Accident/Incident: _____ hrs						☐ Unknown										
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	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>RAY</u> City: <u>INDIAN RIVER</u>						<u>Pass</u>	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: <u>FL</u> ZIP: <u>34749</u>							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: <u>EATON</u> Country: <u>Chadogan</u>							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: _____ City: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Last Name: _____ Country: _____							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

was landing on R/W 28 AT TVC
PLANE PULLED-LEFT, COULDN'T CORRECT
IN TIME, HARDLY ANY DAMAGE, NO
ONE HURT OTHER THAN SCRAPED ON LEG,
NO STITCHES NEEDED

DEPARTED INDIAN RIVER A/P AT 1:30 EN
ROUTE TO TVC, NO SERVICES OBTAINED,

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

Operator/Owner Safety Recommendation

When I realized I WAS going
to go OFF the RUNWAY, I should NOT
HAVE PUT ON THE BRAKES, THAT COULD
HAVE PREVENTED THE FLIPPING OF THE
PLANE OVER ON ITS BACK!