

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Harvey State: ND

ZIP: 58341 Country: USA

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

### Accident/Incident Date/Time

Date: 05/20/2015 Local Time: 7:30pm  
mm/dd/yyyy

Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: N4652Y

Manufacturer: Piper

Model: PA-25-235

Serial Number: \_\_\_\_\_

Year of Manufacture: 1967

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Number of Seats: 1 Flight Crew Seats: 1

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

Number of Engines: 1

### Category of Aircraft

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

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

#### Standard

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

#### Special

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

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

### Landing Gear

(Check all that apply)

☐ Retractable

☐ Tricycle

☒ Tailwheel

☐ Amphibian

☐ High Skid

☐ Emergency Float

☐ Skid

☐ Float

☐ Ski

☐ Hull

☐ Ski/Wheel

☐ Other Launch/Recovery System

☒ None

☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>D-540-B2C5</u>   | <u>L-6945-486</u>            |                            | <u>235</u>                                                                                           | <u>5071</u>           | <u>9400</u>                          | <u>1035</u>         |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 05/23/2015  
mm/dd/yyyy

Airframe Total Time: 5077.00 hrs  
hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☐ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

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

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

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

### Propeller 2

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

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

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

ELT Installed: ☐ Yes ☒ No

If Yes:

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

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No

If not activated:

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

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Jacob ValenzuelaCity: HarveyState: ND ZIP: 58341Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Jake's Flying Service LLCCity: HarveyDoing Business As: Aerial ApplicationState: ND ZIP: 58341

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

Country: USA**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

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

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

(Select one for each group)

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

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

(Select one)

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

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

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

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: \_\_\_\_\_ ft. msl

**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  
☐ Slush-Covered ☐ Vegetation ☐ Unknown

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

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

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

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

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

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

# "FLIGHT CREWMEMBER 1" INFORMATION

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

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

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

## "Flight Crewmember 1" Identification

First Name: Jacob ~~Vale~~

City of Residence: Harvey

Middle Initial: A

State: ND    ZIP: 58341

Last Name: Valenzuela

Country: USA

Age at time of Accident/Incident: 30    Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                      | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input checked="" type="radio"/> Center <input type="radio"/> Single              | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                 </td> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown                 </td> </tr> </table> | Available                                                      | Used | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Used                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |      |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |
| <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                     | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |      |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |      |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                           | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                       | <b>Date of Last Medical</b><br><u>12/16/2014</u><br>mm/dd/yyyy |      |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |

Medical Certificate Limitations None

## Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/26/14  
 mm/dd/yyyy

## Flight Review Aircraft

Make: Bellanca

Model: 7GCBC

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

## Type Ratings

## Student Endorsements (Include dates)

| Flight Time (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                                                  | 1136.3       | 487.2             | 568.1                  | 34.4                 | 26.5  | 1.6        | 41.1      | —          | —      | —                |
| Pilot in Command (PIC)                                      | 934.5        |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 155.7        | 101.0             | 155.7                  | 0                    | 0     | 0          | 0         |            |        |                  |
| Last 30 Days                                                | 57           | 57                | 57                     |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 5            | 5                 | 5                      |                      |       |            |           |            |        |                  |

# "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

"Flight Crewmember 2" Identification

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

City of Residence: \_\_\_\_\_

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

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

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

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

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

Degree of Injury

☐ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

Seat Occupied

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

Restraint Type

Available

☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

Used

☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

Inflatable Restraints

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None    ☐ Flight Instructor    ☐ Commercial    ☐ US Military  
☐ Private    ☐ Recreational    ☐ Airline Transport    ☐ Foreign  
☐ Student    ☐ Sport    ☐ Flight Engineer

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    ☐ Unknown  
☐ With limitations/waivers    ☐ N/A  
☐ Special Issuance

Date of Last Medical

\_\_\_\_\_ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: \_\_\_\_\_

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

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  
☐ 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)

| 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

# **ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

|                                                                                                                         |                                            |                                                                           |                                |                                        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------|----------------------------------------|
| <b>Crew Name and Address</b>                                                                                            |                                            | <b>Seat Occupied</b>                                                      |                                | <b>Injury</b>                          |
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left                                                | <input type="radio"/> Front    | <input type="radio"/> None             |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center                                              | <input type="radio"/> Rear     | <input type="radio"/> Minor            |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right                                               | <input type="radio"/> Single   | <input type="radio"/> Serious          |
|                                                                                                                         |                                            |                                                                           | <input type="radio"/> Unknown  | <input type="radio"/> Fatal            |
|                                                                                                                         |                                            |                                                                           |                                | <input type="radio"/> Unknown          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                    |                                | <b>Inflatable Restraints</b>           |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <b>Available</b>                                                          | <b>Used</b>                    | <input type="checkbox"/> Not Installed |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="radio"/> None                                                | <input type="radio"/> None     | <input type="checkbox"/> Installed     |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="radio"/> Lap Only                                            | <input type="radio"/> Lap Only | <input type="checkbox"/> Not Deployed  |
|                                                                                                                         | <input type="checkbox"/> Commercial        | <input type="radio"/> 3-point                                             | <input type="radio"/> 3-point  | <input type="checkbox"/> Deployed      |
|                                                                                                                         | <input type="checkbox"/> Airline Transport | <input type="radio"/> 4-point                                             | <input type="radio"/> 4-point  | <input type="checkbox"/> Unknown       |
|                                                                                                                         | <input type="checkbox"/> Flight Engineer   | <input type="radio"/> 5-point                                             | <input type="radio"/> 5-point  |                                        |
|                                                                                                                         | <input type="checkbox"/> US Military       | <input type="radio"/> Unknown                                             | <input type="radio"/> Unknown  |                                        |
|                                                                                                                         | <input type="checkbox"/> Foreign           |                                                                           |                                |                                        |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                            | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                |                                        |

|                                                                                                                         |                                            |                                                                           |                                |                                        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------|----------------------------------------|
| <b>Crew Name and Address</b>                                                                                            |                                            | <b>Seat Occupied</b>                                                      |                                | <b>Injury</b>                          |
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left                                                | <input type="radio"/> Front    | <input type="radio"/> None             |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center                                              | <input type="radio"/> Rear     | <input type="radio"/> Minor            |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right                                               | <input type="radio"/> Single   | <input type="radio"/> Serious          |
|                                                                                                                         |                                            |                                                                           | <input type="radio"/> Unknown  | <input type="radio"/> Fatal            |
|                                                                                                                         |                                            |                                                                           |                                | <input type="radio"/> Unknown          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                    |                                | <b>Inflatable Restraints</b>           |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <b>Available</b>                                                          | <b>Used</b>                    | <input type="checkbox"/> Not Installed |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="radio"/> None                                                | <input type="radio"/> None     | <input type="checkbox"/> Installed     |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="radio"/> Lap Only                                            | <input type="radio"/> Lap Only | <input type="checkbox"/> Not Deployed  |
|                                                                                                                         | <input type="checkbox"/> Commercial        | <input type="radio"/> 3-point                                             | <input type="radio"/> 3-point  | <input type="checkbox"/> Deployed      |
|                                                                                                                         | <input type="checkbox"/> Airline Transport | <input type="radio"/> 4-point                                             | <input type="radio"/> 4-point  | <input type="checkbox"/> Unknown       |
|                                                                                                                         | <input type="checkbox"/> Flight Engineer   | <input type="radio"/> 5-point                                             | <input type="radio"/> 5-point  |                                        |
|                                                                                                                         | <input type="checkbox"/> US Military       | <input type="radio"/> Unknown                                             | <input type="radio"/> Unknown  |                                        |
|                                                                                                                         | <input type="checkbox"/> Foreign           |                                                                           |                                |                                        |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                            | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                |                                        |

## **PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

| Name and Address                                                                       | Seat                          | Injury                        | Restraint Type                 | Inflatable Restraints          | Age                                    |
|----------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------------|
| First Name: _____ City: _____                                                          | <input type="radio"/> Left    | <input type="radio"/> None    | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____ State: _____ ZIP: _____                                          | <input type="radio"/> Center  | <input type="radio"/> Minor   | <input type="radio"/> None     | <input type="radio"/> None     | <input type="checkbox"/> If Under 5,   |
| Last Name: _____ Country: _____                                                        | <input type="radio"/> Right   | <input type="radio"/> Serious | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> Child Restraint  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Fatal   | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  | <input type="radio"/> Lap-Held         |
|                                                                                        | Row: _____                    | <input type="radio"/> Unknown | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  | <input type="radio"/> Unknown          |
|                                                                                        |                               |                               | <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |                                        |
|                                                                                        |                               |                               | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                        |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left    | <input type="radio"/> None    | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____ State: _____ ZIP: _____                                          | <input type="radio"/> Center  | <input type="radio"/> Minor   | <input type="radio"/> None     | <input type="radio"/> None     | <input type="checkbox"/> If Under 5,   |
| Last Name: _____ Country: _____                                                        | <input type="radio"/> Right   | <input type="radio"/> Serious | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> Child Restraint  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Fatal   | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  | <input type="radio"/> Lap-Held         |
|                                                                                        | Row: _____                    | <input type="radio"/> Unknown | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  | <input type="radio"/> Unknown          |
|                                                                                        |                               |                               | <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |                                        |
|                                                                                        |                               |                               | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                        |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left    | <input type="radio"/> None    | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____ State: _____ ZIP: _____                                          | <input type="radio"/> Center  | <input type="radio"/> Minor   | <input type="radio"/> None     | <input type="radio"/> None     | <input type="checkbox"/> If Under 5,   |
| Last Name: _____ Country: _____                                                        | <input type="radio"/> Right   | <input type="radio"/> Serious | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> Child Restraint  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Fatal   | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  | <input type="radio"/> Lap-Held         |
|                                                                                        | Row: _____                    | <input type="radio"/> Unknown | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  | <input type="radio"/> Unknown          |
|                                                                                        |                               |                               | <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |                                        |
|                                                                                        |                               |                               | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                        |
| First Name: _____ City: _____                                                          | <input type="radio"/> Left    | <input type="radio"/> None    | <b>Available</b>               | <b>Used</b>                    | <input type="checkbox"/> Under 5 years |
| Middle Initial: _____ State: _____ ZIP: _____                                          | <input type="radio"/> Center  | <input type="radio"/> Minor   | <input type="radio"/> None     | <input type="radio"/> None     | <input type="checkbox"/> If Under 5,   |
| Last Name: _____ Country: _____                                                        | <input type="radio"/> Right   | <input type="radio"/> Serious | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> Child Restraint  |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Fatal   | <input type="radio"/> 3-point  | <input type="radio"/> 3-point  | <input type="radio"/> Lap-Held         |
|                                                                                        | Row: _____                    | <input type="radio"/> Unknown | <input type="radio"/> 4-point  | <input type="radio"/> 4-point  | <input type="radio"/> Unknown          |
|                                                                                        |                               |                               | <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |                                        |
|                                                                                        |                               |                               | <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |                                        |

# FLIGHT ITINERARY INFORMATION

|                                                                                                   |                                                             |                                                                                          |                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____ | <b>Time of Departure</b><br>Time: _____<br>Time Zone: _____ | <b>Destination</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____ | <b>Type Flight Plan Filed</b><br><input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> VFR Flight Following<br><input type="checkbox"/> Traffic Advisory | <input type="checkbox"/> Cruise<br><input type="checkbox"/> Unknown / NA |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA)<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |                                                                                            | <b>Altitude of In-Flight Occurrence:</b> _____ ft msl                    |

# WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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

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

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

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

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

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

# DAMAGE TO AIRCRAFT AND OTHER PROPERTY

## Aircraft Damage

- ☐ None  
☐ Substantial  
☐ Minor  
☐ Destroyed  
☐ Unknown

## Aircraft Fire

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

## Aircraft Explosion

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

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

Left wing tip crunched, Left main collapsed

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

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

Traveling from home strip to field to apply chemical for ND Game & Fish. 11 miles from strip while flying there was a loud bang and then the engine began to run rough. At which point the aircraft began to descend on its own. Directly ahead a stubble wheat field, I set up a landing with flaps and pulled back on throttle in case it came back to life. Touched down and got on the brakes because at end of field was a fence followed by rough prairie ground of the ND Game & Fish. Before coming to a stop the plane began to skid side ways and then the left main collapsed. When the left gear collapsed, it was almost stopped the left wing dropped to the ground. At which time I shut off all the switches and exited the aircraft. I looked at aircraft and then began walking home.

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

Operator/Owner Safety Recommendation

Things happened so quick # I didn't jump my lead.  
Had I done this I believe the plane would have stopped without  
incident.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

36

Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

Pilot exited left window as usual.

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

Aircraft Registration Number

N1000

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

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

Damage to Other Aircraft

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

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

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

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

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

Pilot of Other Aircraft

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

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

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

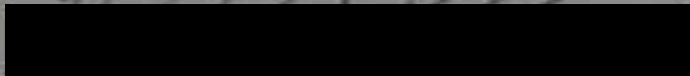
Country: \_\_\_\_\_

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

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

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

Date of this Report

11/15/2015  
mm/dd/yyyyName of Pilot/Operator: Jacob ValenzuelaSignature: -- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

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

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

-- or -- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN15LA383

Reviewed by NTSB Regional Office

CEN - DALLAS

Name of Investigator

LINDBERG

Date Report Received

1/28/16