

## BASIC INFORMATION

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

### AIRCRAFT INFORMATION

Maximum Gross Weight: 2,300 lbs  
Weight at Time of Accident/Incident: 1,800 lbs  
Number of Seats: 4 Flight Crew Seats 1  
Cabin Crew Seats \_\_\_\_\_ Passenger Seats 3  
Number of Engines: 1

☒ Carburetor ☐ Fuel-Injected

- ☐ 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: Hawk Aviation Inc.

City: Rush City

State: MN ZIP: 55069

Fractional Ownership Aircraft: ☐ Yes ☒ No

Country: USA

## Operator of Aircraft

☒ Same As Registered Owner

☐ Same Address as Registered Owner

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

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

Doing Business As: \_\_\_\_\_

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

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

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

## 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, taxiout, departure, or within 3 miles of an airport)

Airport Name: Rush City Regional

Distance From Airport Center: 0 sm

Airport Identifier: KROS

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

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

Airport Elevation: 926 ft msl

## Runway Information

Runway ID 34 (L/R/C) Length 4400 ft Width 75 ft

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

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

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

- ☒ 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 ☐ Visual
- ☐ VOR/DME ☐ Localizer Only ☐ Contact
- ☐ TACAN ☐ LOC-back course ☐ Circling
- ☐ RNAV ☐ 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: Douglas

City of Residence: Forest Lake

Middle Initial: E

State: MN

ZIP: 55025

Last Name: Friend

Country: USA

Age at time of Accident/Incident: 53 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

### **Degree of Injury**

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

### **Seat Occupied**

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

### **Restraint Type**

| Available                                | Used                                     |
|------------------------------------------|------------------------------------------|
| <input type="radio"/> None               | <input type="radio"/> None               |
| <input type="radio"/> Lap only           | <input type="radio"/> Lap only           |
| <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point |
| <input type="radio"/> 4-point            | <input type="radio"/> 4-point            |
| <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |
| <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |

### **Inflatable Restraints**

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

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

|                                             |                                            |                                            |                                      |
|---------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None               | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private            | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Sport             | <input type="checkbox"/> 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**

11/16/2015  
mm/dd/yyyy

### **Medical Certificate Limitations**

*Must have available glasses for near vision*

### **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)**

Presolo Knowledge - 11/18/15  
Presolo Flight Training - 11/20/15  
Solo - 90 Day - 11/20/15  
Student Pilot Cert. - 11/20/15

| 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                                                  | 25.8         | 22.9              | 25.8                   | 0                    | 0     | 0          | 0.5       | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 1.0          | 1.0               | 1.0                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 25.8         | 22.9              | 25.8                   |                      |       |            | 0.5       |            |        |                  |
| Last 30 Days                                                | 15.8         | 12.9              | 15.8                   |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1.8          | 1.8               | 1.8                    |                      |       |            |           |            |        |                  |

# **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                      | Used                           |
|--------------------------------|--------------------------------|
| <input type="radio"/> None     | <input type="radio"/> None     |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only |
| <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |
| <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |
| <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |
| <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |

### **Inflatable Restraints**

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

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

|                                  |                                            |                                            |                                      |
|----------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport             | <input type="checkbox"/> 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)**

|                                                                                                                                                                                                                   |                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <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             |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC) |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor     |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          |              |                   |                        |                      |       |            |           |            |        |                  |

# **ADDITIONAL FLIGHT CREWMEMBERS** (Include cabin crew; continue on separate sheet if necessary)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br><input type="radio"/> Unknown | <input type="radio"/> Serious                                                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input 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>Restraint Type:</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input 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 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 |
| <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<br><input type="radio"/> Unknown | <input type="radio"/> Serious                                                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input 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>Restraint Type:</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input 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 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 |
| <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 _____<br>Middle Initial _____ State _____ ZIP _____<br>Last Name _____ Country _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name _____ City _____<br>Middle Initial _____ State _____ ZIP _____<br>Last Name _____ Country _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name _____ City _____<br>Middle Initial _____ State _____ ZIP _____<br>Last Name _____ Country _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name _____ City _____<br>Middle Initial _____ State _____ ZIP _____<br>Last Name _____ Country _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input 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 | <input type="checkbox"/> Under 5 years<br>If Under 5:<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID <u>KROS</u><br>City <u>Rush City</u><br>State <u>MN</u><br>Country <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Time of Departure</b><br>Time <u>12 pm</u><br>Time Zone <u>CST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Destination</b><br>Airport ID <u>KROS</u><br>City <u>Rush City</u><br>State <u>MN</u><br>Country <u>USA</u>                                                                                                                                                 | <b>Type Flight Plan Filed</b><br><input checked="" 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 (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Special VFR</div> <div style="width: 25%;"><input type="checkbox"/> Special IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 25%;"><input type="checkbox"/> Cruise</div> <div style="width: 25%;"><input type="checkbox"/> VFR</div> <div style="width: 25%;"><input type="checkbox"/> IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 25%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 25%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Class A</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 25%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 25%;"><input type="checkbox"/> Special</div> <div style="width: 25%;"><input type="checkbox"/> Class B</div> <div style="width: 25%;"><input type="checkbox"/> Demo Area</div> <div style="width: 25%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 25%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 25%;"><input type="checkbox"/> Class C</div> <div style="width: 25%;"><input type="checkbox"/> Warning Area</div> <div style="width: 25%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> Class D</div> <div style="width: 25%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 25%;"><input type="checkbox"/> TRSA</div> <div style="width: 25%;"></div> <div style="width: 25%;"><input type="checkbox"/> Class E</div> <div style="width: 25%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 25%;"><input type="checkbox"/> FAR 93</div> </div> <div style="text-align: right; padding-top: 10px;"> <b>Altitude of In-Flight Occurrence:</b><br/>           _____ ft msl         </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input 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 type="checkbox"/> Internet<br><input checked="" 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 <u>KROS</u> <u>AWOS</u><br>Observation Time <u>12 pm / 1 pm</u><br>Time Zone <u>CST</u><br>Distance from Accident Site <u>0.2</u> nm<br>Direction from Accident Site <u>370</u> <del>090</del> 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 <u>26</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>16</u> (F)<br><b>Altimeter Setting:</b> <u>30.16</u> in Hg<br>or _____ MB                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction <u>280</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed <u>5</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed _____ kts                                                                                                                                                                | <b>Visibility</b> <u>+10</u> 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 type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type of Precipitation (Check all that apply)</b><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 (Check all that apply)</b><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><b>Amount</b><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><b>Type</b><br><input 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><b>Amount</b><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><b>Type</b><br><input 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><b>Type (Check all that apply)</b><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><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme                                                                                                  |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Damage to left wing, prop strike, & left rear window.

**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 and location, services obtained, and intended destination. Provide as much detail as possible.

The student was on his 1st. solo flight. He had departed KRUS on Rwy 34 and did 8 solo take-offs & landings without incidence. On the 9th landing he porpoised and over corrected with right rudder. The plane rolled out in the grass which was soft, rain and recent construction allowed the wheels to sink in an it tipped up on it's nose and settled in the upright position.

**RECOMMENDATION** (If more space is needed, continue on separate sheet)

## Operator/Owner Safety Recommendation

The porpoising most likely ~~caused~~ ~~occurred~~ occurred due to landing at too fast of an airspeed. If proper position on the runway had been maintained, correct speed at landing, and equal rudder inputs used, it could have been avoided.

**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)

25 Gallons

## Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify \_\_\_\_\_☒ T00 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

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

Normal Exit

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

Aircraft Registration Number

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

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

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

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

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

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

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

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

Pilot of Other Aircraft

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

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

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

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

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

**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

12/29/2015  
mm/dd/yyyy

Name of Pilot/Operator: \_\_\_\_\_

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

-- or --

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**Name: MARK NELSON

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

-- or --

☐ Check here to electronically sign this documentTitle: President Hawk Aviator  
CWII-ME1**FOR NTSB USE ONLY**NTSB Accident/Incident No.  
CEN16CA070Reviewed by NTSB Regional Office  
CEN - DALLASName of Investigator  
LINDBERGDate Report Received  
12/29/15