

# 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: Stephenville State: TX  
 ZL: 76401 Country: USA  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 (Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 03/26/2016 Local Time: 10:55  
 mm/dd/yyyy Time Zone: CST

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N8883L  
 Manufacturer: Grumman American  
 Model: AA1B  
 Serial Number: AA1B-0383  
 Year of Manufacture: 1974  
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: \_\_\_\_\_  
 Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 1560 lbs  
 Weight at Time of Accident/Incident: 1475 lbs  
 Number of Seats: 2 Flight Crew Seats: 1  
 Cabin Crew Seats: 0 Passenger Seats: 1  
 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 Special  
 Aerobatic Restricted  
 Balloon Limited  
 Commuter Provisional  
 Transport Special Flight  
 Utility 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 Liquid Rocket  
 Turbo Shaft Solid Rocket  
 Turbo Prop Hybrid Rocket  
 Turbo Jet None  
 Turbo Fan Unknown  
 Electric

### Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-----------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>0235</u>         | <u>L-11776-15</u>            | <u>1974</u>                | <u>108</u>                                    | <u>2500</u>           | <u>14.1</u>                          |                     |
| Eng. 2 |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                               |                       |                                      |                     |

### Last Inspection Type

100-Hour Continuous Airworthiness  
 AAIP Conditional Inspection  
Annual Unknown  
 Date Last Inspection: 01/14/16  
 mm/dd/yyyy  
 Airframe Total Time: 4323.00 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: McCawley  
 Model: LA105SCM 7154

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

### Propeller 2

Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

### 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: Richard AbilaCity: StephenvilleState: TX ZIP: 76401Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame 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, takeoff, departure, or within 3 miles of an airport)**Airport Name: Clark Field AirportAirport Identifier: KSEPProximity to Airport: ☒ Off Airport/Airstrip      ☐ On Airport/Airstrip      ☐ N/ADistance From Airport Center: 1 smDirection From Airport: NNE degrees trueAirport Elevation: 1230 ft. msl**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

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

- |                                   |                                     |                                     |                                  |
|-----------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Asphalt  | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam    | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel     | <input type="checkbox"/> Metal/Wood |                                  |
| <input type="checkbox"/> Dirt     | <input type="checkbox"/> Ice        | <input type="checkbox"/> Snow       | <input type="checkbox"/> Unknown |

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

- |                                          |                                         |                                       |
|------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dry             | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm   |
| <input type="checkbox"/> Holes           | <input type="checkbox"/> Snow-Crusted   | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered     | <input type="checkbox"/> Snow-Dry       | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough           | <input type="checkbox"/> Snow-Wet       | <input type="checkbox"/> Wet          |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft           |                                       |
| <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation     | <input type="checkbox"/> Unknown      |

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

- |                                     |                                                         |                                              |                                 |                                                         |
|-------------------------------------|---------------------------------------------------------|----------------------------------------------|---------------------------------|---------------------------------------------------------|
| <input type="radio"/> Taxi          | <input type="radio"/> VFR Departure                     | <input type="radio"/> On Instrument Approach | <input type="radio"/> Downwind  | <input type="radio"/> Low Approach                      |
| <input type="radio"/> Takeoff       | <input type="radio"/> IFR Departure Procedure/Clearance | <input type="radio"/> Landing                | <input type="radio"/> Base      | <input type="radio"/> Go Around                         |
| <input type="radio"/> Initial Climb |                                                         |                                              | <input type="radio"/> Final     | <input type="radio"/> Aborted Landing (after touchdown) |
|                                     |                                                         |                                              | <input type="radio"/> Crosswind | <input type="radio"/> Unknown                           |

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

- ☒ None
- |                                |                                       |                                |                                |
|--------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> ADF/NDB  | <input type="radio"/> PAR             | <input type="radio"/> MLS      | <input type="radio"/> Practice |
| <input type="radio"/> SDF      | <input type="radio"/> Sidestep        | <input type="radio"/> LDA      | <input type="radio"/> GPS      |
| <input type="radio"/> VOR/TVOR | <input type="radio"/> ILS             | <input type="radio"/> ASR      |                                |
| <input type="radio"/> VOR/DME  | <input type="radio"/> Localizer Only  | <input type="radio"/> Visual   |                                |
| <input type="radio"/> TACAN    | <input type="radio"/> LOC-back course | <input type="radio"/> Contact  |                                |
|                                | <input type="radio"/> RNAV            | <input type="radio"/> Circling |                                |
|                                |                                       |                                | <input type="radio"/> Unknown  |

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

- ☒ None
- |                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Traffic Pattern          | <input type="radio"/> Stop and Go              |
| <input type="radio"/> Straight-In              | <input type="radio"/> Touch and Go             |
| <input type="radio"/> Valley/Terrain Following | <input type="radio"/> Simulated Forced Landing |
| <input type="radio"/> Go Around                | <input type="radio"/> Forced Landing           |
| <input type="radio"/> Full Stop                | <input type="radio"/> Precautionary Landing    |
|                                                | <input type="radio"/> 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: Richard City of Residence: Stephenville

Middle Initial: P State: TX ZIP: 76401

Last Name: Abita Country: USA

Age at time of Accident/Incident: 40 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br>None <input type="checkbox"/> Fatal <input type="checkbox"/><br>Minor <input type="checkbox"/> Unknown <input type="checkbox"/><br><u>Serious</u>                                                                                                                                                                                                                                                                                                     |  | <b>Seat Occupied</b><br><u>Left</u> Front <input type="checkbox"/> Unknown <input type="checkbox"/><br>Right Rear <input type="checkbox"/><br>Center Single <input type="checkbox"/>                                                                                      |  | <b>Restraint Type</b><br>Available <input type="checkbox"/> Used <input type="checkbox"/><br>None <input type="checkbox"/> None <input type="checkbox"/><br><u>Lap only</u> <input type="checkbox"/> <u>Lap only</u> <input type="checkbox"/><br>3-point <input type="checkbox"/> 3-point <input type="checkbox"/><br>4-point <input type="checkbox"/> 4-point <input type="checkbox"/><br>5-point <input type="checkbox"/> 5-point <input type="checkbox"/><br>Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> |  | <b>Inflatable Restraints</b><br><u>Not Installed</u> <input type="checkbox"/><br>Installed <input type="checkbox"/><br>Not Deployed <input type="checkbox"/><br>Deployed <input type="checkbox"/><br>Unknown <input type="checkbox"/> |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br>None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/><br><u>Private</u> <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/><br>Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                       |
| <b>Principal Occupation</b><br><u>Pilot</u> <input type="checkbox"/><br>Other <input type="checkbox"/><br>Unknown <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       |  | <b>Medical Certificate</b><br>None <input type="checkbox"/> <u>Class 3</u> <input type="checkbox"/><br>Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/><br>Class 2 <input type="checkbox"/> Unknown <input type="checkbox"/> |  | <b>Medical Certificate Validity</b><br><u>Without limitations/waivers</u> <input type="checkbox"/> Unknown <input type="checkbox"/><br>With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/><br>Special Issuance <input type="checkbox"/>                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                           |  | <b>Date of Last Medical</b><br><u>01/29/2016</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                       |

## **Medical Certificate Limitations**

## **Medical Certificate Special Issuance**

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/14/2016

mm/dd/yyyy

## **Flight Review Aircraft**

Make: Grumman American

Model: AA1B-

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

## **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                                                  | 131.9        | 14.1              | 131.9                  | 0                    | 1.5   | .5         | 0         | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 131.9        | 14.1              | 131.9                  | 0                    | 1.5   | 0          | 0         | 0          | 0      | 0                |
| Time as Instructor                                          | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      | .6    | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 14.1         | 14.1              | 14.1                   | 0                    | .5    | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days                                                | 14.1         | 14.1              | 14.1                   | 0                    | .5    | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours                                               | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |

|                                                                                                 |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
|-------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------------------------------------------------------------|-----------------|-------------------------|
| <b>"FLIGHT CREWMEMBER 2" INFORMATION</b>                                                        |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b>                  |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Pilot                                                                                           |  | Co-Pilot                                                                                      |                              | Student Pilot                                         |                                                                                                                                                                          | Flight Instructor                                                                                                                                                             |                   | Check Pilot      |                                                                   | Flight Engineer | Other Flight Crew       |
| <b>"Flight Crewmember 2" was pilot flying</b> Yes      No                                       |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>"Flight Crewmember 2" Identification</b>                                                     |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| 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: _____                                                                       |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>Degree of Injury</b>                                                                         |  | <b>Seat Occupied</b>                                                                          |                              |                                                       | <b>Restraint Type</b>                                                                                                                                                    |                                                                                                                                                                               |                   |                  | <b>Inflatable Restraints</b>                                      |                 |                         |
| None      Fatal<br>Minor      Unknown<br>Serious                                                |  | Left      Front      Unknown<br>Right      Rear<br>Center      Single                         |                              |                                                       | <b>Available</b> <b>Used</b><br>None      None<br>Lap only      Lap only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown |                                                                                                                                                                               |                   |                  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |                 |                         |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                              |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| None<br>Private<br>Student                                                                      |  | Flight Instructor<br>Recreational<br>Sport                                                    |                              | Commercial<br>Airline Transport<br>Flight Engineer    |                                                                                                                                                                          | US Military<br>Foreign                                                                                                                                                        |                   |                  |                                                                   |                 |                         |
| <b>Principal Occupation</b>                                                                     |  | <b>Medical Certificate</b>                                                                    |                              |                                                       | <b>Medical Certificate Validity</b>                                                                                                                                      |                                                                                                                                                                               |                   |                  | <b>Date of Last Medical</b>                                       |                 |                         |
| Pilot<br>Other<br>Unknown                                                                       |  | None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown |                              |                                                       | Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                                        |                                                                                                                                                                               |                   |                  | _____<br>mm/dd/yyyy                                               |                 |                         |
| <b>Medical Certificate Limitations</b>                                                          |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>Medical Certificate Special Issuance</b>                                                     |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy |  |                                                                                               |                              |                                                       | <b>Flight Review Aircraft</b>                                                                                                                                            |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
|                                                                                                 |  |                                                                                               |                              |                                                       | Make: _____                                                                                                                                                              |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
|                                                                                                 |  |                                                                                               |                              |                                                       | Model: _____                                                                                                                                                             |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>Airplane Rating(s)</b><br>(Check all that apply)                                             |  | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)                                     |                              | <b>Instrument Rating(s)</b><br>(Check all that apply) |                                                                                                                                                                          | <b>Instructor Rating(s)</b><br>(Check all that apply)                                                                                                                         |                   |                  |                                                                   |                 |                         |
| None<br>Single-Engine Land<br>Single-Engine Sea<br>Multiengine Land<br>Multiengine Sea          |  | None<br>Airship<br>Balloon<br>Glider<br>Gyroplane<br>Helicopter<br>Powered Lift               |                              | None<br>Airplane<br>Helicopter<br>Powered Lift        |                                                                                                                                                                          | None<br>Airplane Single-Engine      Instrument Airplane<br>Airplane Multi-Engine      Instrument Helicopter<br>Gyroplane      Helicopter<br>Powered Lift      Glider<br>Sport |                   |                  |                                                                   |                 |                         |
| <b>Type Ratings</b>                                                                             |  |                                                                                               |                              |                                                       |                                                                                                                                                                          | <b>Student Endorsements</b> (Include dates)                                                                                                                                   |                   |                  |                                                                   |                 |                         |
|                                                                                                 |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| <b>Flight Time</b> (Enter appropriate number of hours in each box)                              |  | <b>All Aircraft</b>                                                                           | <b>This Make &amp; Model</b> | <b>Airplane Single Engine</b>                         | <b>Airplane Multiengine</b>                                                                                                                                              | <b>Night</b>                                                                                                                                                                  | <b>Instrument</b> |                  | <b>Rotorcraft</b>                                                 | <b>Glider</b>   | <b>Lighter Than Air</b> |
|                                                                                                 |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               | <b>Actual</b>     | <b>Simulated</b> |                                                                   |                 |                         |
| Total Time                                                                                      |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Pilot in Command (PIC)                                                                          |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Time as Instructor                                                                              |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| This Make/Model                                                                                 |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Last 90 Days                                                                                    |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Last 30 Days                                                                                    |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |
| Last 24 Hours                                                                                   |  |                                                                                               |                              |                                                       |                                                                                                                                                                          |                                                                                                                                                                               |                   |                  |                                                                   |                 |                         |

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                              |  |  |                                                                           |                                                     | Left<br>Center<br>Right                                                                 |  | Front<br>Rear<br>Single<br>Unknown                                                 |            | None<br>Minor<br>Serious<br>Fatal<br>Unknown                             |                                                                        |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                                                                                                                          |  |  |                                                                           |                                                     | <b>Restraint Type:</b>                                                                  |  | <b>Inflatable Restraints</b>                                                       |            |                                                                          |                                                                        |  |
| None      Flight Instructor      Commercial      US Military<br>Private      Recreational      Airline Transport      Foreign<br>Student      Sport      Flight Engineer                                                                                                                                                    |  |  |                                                                           |                                                     | <b>Available</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |  | <b>Used</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |            | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown        |                                                                        |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>                                                                                                                                                                                                                                                              |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                                     |                                                                                         |  |                                                                                    |            |                                                                          |                                                                        |  |
| Yes      No                                                                                                                                                                                                                                                                                                                 |  |  |                                                                           |                                                     |                                                                                         |  |                                                                                    |            |                                                                          |                                                                        |  |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                |  |  |                                                                           |                                                     | <b>Seat Occupied</b>                                                                    |  | <b>Injury</b>                                                                      |            |                                                                          |                                                                        |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                              |  |  |                                                                           |                                                     | Left<br>Center<br>Right                                                                 |  | Front<br>Rear<br>Single<br>Unknown                                                 |            | None<br>Minor<br>Serious<br>Fatal<br>Unknown                             |                                                                        |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                                                                                                                                                                                                                          |  |  |                                                                           |                                                     | <b>Restraint Type:</b>                                                                  |  | <b>Inflatable Restraints</b>                                                       |            |                                                                          |                                                                        |  |
| None      Flight Instructor      Commercial      US Military<br>Private      Recreational      Airline Transport      Foreign<br>Student      Sport      Flight Engineer                                                                                                                                                    |  |  |                                                                           |                                                     | <b>Available</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |  | <b>Used</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |            | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown        |                                                                        |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>                                                                                                                                                                                                                                                              |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                                     |                                                                                         |  |                                                                                    |            |                                                                          |                                                                        |  |
| Yes      No                                                                                                                                                                                                                                                                                                                 |  |  |                                                                           |                                                     |                                                                                         |  |                                                                                    |            |                                                                          |                                                                        |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                         |  |  |                                                                           |                                                     |                                                                                         |  |                                                                                    |            |                                                                          |                                                                        |  |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                     |  |  | <b>Seat</b>                                                               | <b>Injury</b>                                       | <b>Restraint Type</b>                                                                   |  | <b>Inflatable Restraints</b>                                                       | <b>Age</b> |                                                                          |                                                                        |  |
| First Name: <u>Aaron</u> City: <u>Stephenville</u><br>Middle Initial: <u>T</u> State: <u>TX</u> ZIP: <u>76401</u><br>Last Name: <u>Abila</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span><u>Passenger</u></span> <span>Other</span> </div> |  |  | Left<br>Center<br><u>Right</u><br>Unknown<br>Row: _____                   | None<br>Minor<br><u>Serious</u><br>Fatal<br>Unknown | <b>Available</b><br>None<br><u>Lap Only</u><br>3-point<br>4-point<br>5-point<br>Unknown |  | <b>Used</b><br>None<br><u>Lap Only</u><br>3-point<br>4-point<br>5-point<br>Unknown |            | <u>Not Installed</u><br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                       |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |  | <b>Used</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |            | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown        | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                       |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |  | <b>Used</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |            | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown        | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                       |  |  | Left<br>Center<br>Right<br>Unknown<br>Row: _____                          | None<br>Minor<br>Serious<br>Fatal<br>Unknown        | <b>Available</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |  | <b>Used</b><br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown        |            | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown        | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |  |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                          |                                                                         |                                                                                                                       |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KRBD</u><br>City: <u>Dallas</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>10:00</u><br>Time Zone: <u>CST</u> | <b>Destination</b><br>Airport ID: <u>KSEP</u><br>City: <u>Stephenville</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? Yes No Unknown |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                     |                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)                                                                                | <b>Weather Observation Facility</b>                                                                                                                                                         |
| National Weather Service<br>Flight Service Station<br>TV/Radio<br><u>Automated Report</u><br>Commercial Weather Service (DUATS)<br>On-Board Weather | Facility ID: <u>118.075</u><br>Observation Time: <u>10:45</u><br>Time Zone: <u>CST</u><br>Distance from Accident Site: <u>1</u> nm<br>Direction from Accident Site: <u>NNE</u> degrees true |

|                                                                                                                                                             |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br>VMC<br>IMC<br>Unknown                                                                                                            | <b>Light Condition</b><br>Dawn<br><u>Day</u><br>Dusk<br>Night<br>Dark Night<br>Bright Night<br>Unknown |
| <b>Sky/Lowest Cloud Condition</b><br><u>Clear</u><br>Few<br>Partial Obscuration<br>Scattered<br>Thin Broken<br>Thin Overcast<br>Unknown                     | <b>Ceiling</b><br><u>None (Clear)</u><br>Broken<br>Overcast<br>Obscured<br>Indefinite<br>Unknown       |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                        | <b>Ceiling Height</b><br>_____ ft agl                                                                  |
| <b>Temperature:</b> _____ (C) or <u>70</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>299.99</u> in. Hg<br>or _____ MB |                                                                                                        |

|                                                                               |                                                                                |                                                                        |                                                                                                                |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br>Variable<br>-OR-<br>Direction: <u>S</u> degrees true | <b>Wind Speed</b><br>Calm<br>Light and Variable<br>-OR-<br>Speed: <u>6</u> kts | <b>Wind Gusts</b><br><u>Not Gusting</u><br>-OR-<br>Speed: <u>0</u> 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>Light<br>Moderate<br>Heavy<br>N/A<br>Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><u>None</u><br>Rain<br>Snow<br>Hail<br>Rain Showers<br>Drizzle<br>Ice Pellets<br>Snow Pellets<br>Snow Grains<br>Ice Crystals<br>Freezing Rain<br>Snow Shower<br>Ice Pellets Shower<br>Freezing Drizzle | <b>Restriction to Visibility</b> (Check all that apply)<br><u>None</u><br>Blowing Dust<br>Blowing Sand<br>Blowing Snow<br>Blowing Spray<br>Dust<br>Fog<br>Ground Fog<br>Haze<br>Ice Fog<br>Smoke<br>Unknown |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

None

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**None  
MinorSubstantial  
Destroyed  
Unknown**Aircraft Fire**None  
In-Flight  
On-GroundBoth Ground and In-Flight  
Fire at Unknown Time  
Unknown**Aircraft Explosion**None  
In-Flight  
On-GroundBoth Ground and In-Flight  
Explosion at Unknown Time  
Unknown**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

Engine, Wings, Canopy, fuselage, landing gear

3 horse trailers

**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.

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

Operator/Owner Safety Recommendation

Unknown

**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.)

Engine died and could not get a restart.

Total Time/Cycles  
On Part\_\_\_\_ Hours  
\_\_\_\_ CyclesTime Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

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

15

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

Preflight

**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

**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  
SubstantialMinor  
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)**

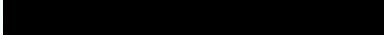
Use this space if additional space is needed for any answers.

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

Date of this Report

04/05/2016  
mm/dd/yyyy

Name of Pilot/Operator: Richard Abila

Signature: 

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: Samantha Abila

Title: Wife

Signature: 

-- or --

Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
CEN16LA134

Reviewed by NTSB Regional Office  
Denver, CO

Name of Investigator  
Edward Malinowski

Date Report Received  
4/7/16

On the morning of 3/26/2016, after a full preflight and fuel check was complete, my son and I departed Dallas Executive Airport at approximately 10:00 am for Stephenville, Tx. We had contacted clearance delivery for VFR flight following out of class B airspace. The control had us climb to 2,000 ft. or below and fly at heading 2.92. After short time on 2.92, he switched us to heading 2.42. Once outside class B airspace, we climbed up to 4,500 ft. It was an uneventful, but beautiful flight. When we got 20 miles East of Stephenville, we cancelled VFR flight following and had airfield in sight. Approximately 18 miles out, we were at 4,500 ft flying on the left wing tank, when the engine died. After going through emergency procedures and turning auxiliary fuel pump on, I switched the right fuel tank on and a restart was successful.

After restart, I wasn't sure why the engine had died, so I put the nose down and did a 300ft decent at full power to regain airspeed and to get to the airfield faster.

Approximately 4 miles East of airfield, the engine died again. I again went through emergency procedures and attempted a restart several times. When I could not get a restart, I prepared the plane for an off-field landing. My initial off-field landing spot was going to be Hwy 377, but saw oncoming traffic and my son let me know he spotted wires going across the road. I then looked left and saw an open field; I put in slight left rudder and aileron and began to guide the plane to the open field. I leveled the wings, and maintained airspeed to get to the open field. However, I ran out of altitude and hit the top of the horse trailer and I was ejected from the plane.