

# 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: Ponca City State: OK

ZIP: 74601 Country: USA

Latitude: 36-43-54.9000N Longitude: 097-05-59.2000W

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

### Accident/Incident Date/Time

Date: 05/01/2016 Local Time: 11:30 AM

mm/dd/yyyy

Time Zone: CTR

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

## AIRCRAFT INFORMATION

Registration Number: N8619G

Manufacturer: Cessna

Model: 150F

Serial Number: 15062719

Year of Manufacture: 1966

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1600 lbs

Weight at Time of Accident/Incident: 1435 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ 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
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

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

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

### Landing Gear

(Check all that apply)

☐ Retractable

- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm dd yyyy | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Continental         | O-200-A             |                              |                            |                                                                                           |                       |                                      |                     |
| Eng. 2 |                     |                     |                              |                            |                                                                                           |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                           |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                           |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 11/2015  
mm/dd/yyyy

Airframe Total Time: Inspection + 25 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: Small portable

### Propeller 1

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

Manufacturer: Sensenich

Model: ?

### Propeller 2

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

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ?

Model or Part No.: ?

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

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

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

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Harbor Aviation LLCCity: Ponca CityState: OKZIP: 74601Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Shaun SearleCity: [REDACTED]

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

State: [REDACTED]

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

Country: [REDACTED]**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: Ponca City Municipal AirportAirport Identifier: KPNCProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 smDirection From Airport: 0 degrees trueAirport Elevation: 993.7 ft. msl**Runway Information**Runway ID: 35 (L/R/C) Length: 7201 ft Width: 150 ft**Runway/Landing Surface** (Check all that apply)

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

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

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

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

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

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

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

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

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

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Shaun</u><br/>           Middle Initial: <u>D</u><br/>           Last Name: <u>Searle</u> </div> <div>           City of Residence: <u>Ponca City</u><br/>           State: <u>OK</u>    ZIP: <u>74604</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>52</u>    Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small><br/>           Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input checked="" type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                             |                        | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> None</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Flight Instructor</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Commercial</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> US Military</div> <div style="flex: 1; min-width: 100px;"><input checked="" type="checkbox"/> Private</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Recreational</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Airline Transport</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Foreign</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Student</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Sport</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Flight Engineer</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br><u>05/15/2014</u><br><small>mm/dd/yyyy</small>          |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           | <b>Medical Certificate Limitations</b><br>Must have available glasses for near vision. |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>08/15/2015</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>150F</u>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | <b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport             </div> |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>557</td> <td>507</td> <td>557</td> <td>0</td> <td>124</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>497</td> <td>490</td> <td>497</td> <td>0</td> <td>121</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>124</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td> <td>12</td> <td>12</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td> <td>4</td> <td>4</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 557 | 507 | 557 | 0 | 124 |  |  |  |  |  | Pilot in Command (PIC) | 497 | 490 | 497 | 0 | 121 |  |  |  |  |  | Time as Instructor | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  | This Make/Model |  |  |  |  | 124 |  |  |  |  |  | Last 90 Days |  | 12 | 12 | 0 | 0 |  |  |  |  |  | Last 30 Days |  | 4 | 4 | 0 | 0 |  |  |  |  |  | Last 24 Hours |  | 1 | 1 | 1 | 0 |  |  |  |  |  |
| Flight Time <i>(Enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                          | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Night                                                                                                                                                                                                                                                       | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                           | Rotorcraft                                                                             | Glider | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simulated                                                                                                                                                                                                                                 |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 557          | 507                                                                                                                                                                                                                                                                                                                                        | 557                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 124                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 497          | 490                                                                                                                                                                                                                                                                                                                                        | 497                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 121                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0            | 0                                                                                                                                                                                                                                                                                                                                          | 0                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 124                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 12                                                                                                                                                                                                                                                                                                                                         | 12                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 4                                                                                                                                                                                                                                                                                                                                          | 4                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | 1                                                                                                                                                                                                                                                                                                                                          | 1                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                        |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |     |     |   |     |  |  |  |  |  |                        |     |     |     |   |     |  |  |  |  |  |                    |   |   |   |   |   |  |  |  |  |  |                 |  |  |  |  |     |  |  |  |  |  |              |  |    |    |   |   |  |  |  |  |  |              |  |   |   |   |   |  |  |  |  |  |               |  |   |   |   |   |  |  |  |  |  |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

#### Degree of Injury

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Restraint Type

##### Available

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

##### Used

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

#### Inflatable Restraints

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

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

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

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

☐ Without limitations/waivers
 ☐ Unknown  
☐ With limitations/waivers
 ☐ N/A  
☐ Special Issuance

#### Date of Last Medical

mm/dd/yyyy

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

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

mm/dd/yyyy

#### Flight Review Aircraft

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

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

#### Airplane Rating(s)

(Check all that apply)

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

#### Other Aircraft Rating(s)

(Check all that apply)

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

#### Instrument Rating(s)

(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s)

(Check all that apply)

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

#### Type Ratings

#### Student Endorsements (Include dates)

#### Flight Time (Enter appropriate number of hours in each box)

|                        | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time             |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC) |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor     |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model        |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days           |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours          |              |                   |                        |                      |       |            |           |            |        |                  |

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                    |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                    |                                                                                                                                                                                        | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                               |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                                                    |                                                                                                                                                                                        | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>                      |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                    |                                                                                                                                                                                        | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                               |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                                                    |                                                                                                                                                                                        | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>                      |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                    |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |  |                                                                                                                                                                          |  |
| <b>Name and Address</b><br>First Name: <u>John</u> City: <u>Turpin</u><br>Middle Initial: <u>A</u> State: <u>OK</u> ZIP: <u>73950</u><br>Last Name: <u>Epp</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input checked="" type="radio"/> Passenger    <input type="radio"/> Other             </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | <b>Seat</b><br><input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <b>Injury</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Restraint Type</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |  | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <b>Age</b><br><input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown         |  |                                                                                                                                                                          |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other             </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                           | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other             </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                           | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other             </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                           | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KPNC</u><br>City: <u>Ponca City</u><br>State: <u>OK</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Time of Departure</b><br>Time: <u>10:45 am</u><br>Time Zone: <u>CTR</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | <b>Destination</b><br>Airport ID: <u>KPNC</u><br>City: <u>Ponca City</u><br>State: <u>OK</u><br>Country: <u>USA</u> |
| <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br><b>Activated?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input checked="" type="checkbox"/> None</div> <div style="width: 20%;"><input type="checkbox"/> Special VFR</div> <div style="width: 20%;"><input type="checkbox"/> Special IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 20%;"><input type="checkbox"/> Cruise</div> <div style="width: 20%;"><input type="checkbox"/> VFR</div> <div style="width: 20%;"><input type="checkbox"/> IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 20%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 20%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Class A</div> <div style="width: 20%;"><input type="checkbox"/> Class G</div> <div style="width: 20%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 20%;"><input type="checkbox"/> Special</div> <div style="width: 20%;"><input type="checkbox"/> Class B</div> <div style="width: 20%;"><input type="checkbox"/> Demo Area</div> <div style="width: 20%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 20%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 20%;"><input type="checkbox"/> Class C</div> <div style="width: 20%;"><input type="checkbox"/> Warning Area</div> <div style="width: 20%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 20%;"><input type="checkbox"/> Unknown</div> <div style="width: 20%;"><input type="checkbox"/> Class D</div> <div style="width: 20%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 20%;"><input type="checkbox"/> TRSA</div> <div style="width: 20%;"><input type="checkbox"/> FAR 93</div> <div style="width: 20%;"><input checked="" type="checkbox"/> Class E</div> <div style="width: 20%;"><input type="checkbox"/> Restricted Area</div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Altitude of In-Flight Occurrence:</b><br><u>995.7</u> ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> National Weather Service</div> <div style="width: 33%;"><input type="checkbox"/> Company</div> <div style="width: 33%;"><input type="checkbox"/> Flight Service Station</div> <div style="width: 33%;"><input type="checkbox"/> Military</div> <div style="width: 33%;"><input type="checkbox"/> TV/Radio</div> <div style="width: 33%;"><input type="checkbox"/> Internet</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Automated Report</div> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> On-Board Weather</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Weather Observation Facility</b><br>Facility ID: <u>KPNC</u><br>Observation Time: <u>10:00 am</u><br>Time Zone: <u>CTR</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>0</u> degrees true |                                                                                                                     |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>4000</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>                    </u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br><b>-or-</b><br>Direction: <u>330</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br><b>-or-</b><br>Speed: <u>11</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br><b>-or-</b><br>Speed: <u>                    </u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Visibility</b> <u>10</u> miles<br>RVR: <u>?</u> feet<br>RVV: <u>?</u> miles<br><b>Density Altitude:</b> <u>?</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Type of Precipitation (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Rain</div> <div style="width: 25%;"><input type="checkbox"/> Rain</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Snow Shower</div> <div style="width: 25%;"><input type="checkbox"/> Snow</div> <div style="width: 25%;"><input type="checkbox"/> Snow Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets Shower</div> <div style="width: 25%;"><input type="checkbox"/> Hail</div> <div style="width: 25%;"><input type="checkbox"/> Snow Grains</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Rain Showers</div> <div style="width: 25%;"><input type="checkbox"/> Ice Crystals</div> </div> |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Restriction to Visibility (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Dust</div> <div style="width: 50%;"><input type="checkbox"/> Ground Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Sand</div> <div style="width: 50%;"><input type="checkbox"/> Haze</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Snow</div> <div style="width: 50%;"><input type="checkbox"/> Ice Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Spray</div> <div style="width: 50%;"><input type="checkbox"/> Smoke</div> <div style="width: 50%;"><input type="checkbox"/> Dust</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Icing Actual</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>Turbulence</b><br><div style="display: flex;"> <div style="width: 60%;"> <b>Type (Check all that apply)</b><br/> <input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> Clear Air<br/> <input type="checkbox"/> Terrain-Induced<br/> <input type="checkbox"/> Convective Turbulence             </div> <div style="width: 40%;"> <b>Severity</b><br/> <input type="checkbox"/> Light<br/> <input type="checkbox"/> Moderate<br/> <input type="checkbox"/> Severe<br/> <input type="checkbox"/> Extreme             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  |                                                                                                                     |

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft ballooned up and then pitched down into the runway. (Mechanical - Loss of elevator) Bent prop, buckled cowling, broke 3 engine mounts, collapsed nose gear.

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

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

Beautiful weather. Quiet Sunday morning. Full pre-flight. I remember taking my time as I was taking a boy flying. Light wind 11 kts 320/330. I do not recall density altitude or the altimeter. Departed 35 for a pleasure flight. Turned 090 for approximately 10-12 miles climbing to 5,500. Turned 200 for approx 8 miles. Returned 270 for about six miles and turned five mile final. (There was no apparent traffic, either air or radio.) We made calls at 5 mi, 3 mi and short. Approximately 3 mile final the plane experienced what seemed like a thermal (which seemed a little strange at 60 F). I trimmed the nose down and made no further adjustments to the elevator. Approx 1-2 ft above the runway, I flared but the plane shot up drastically (I would estimate we climbed 10 - 20 ft.) I pressed forward gently to level it out and instantly the C150 pitched forward into the runway. It was over before it started. The plane rested on its nose and rear landing gear.

Due to a back injury from the impact, I was able to get out of the plane but was unable to walk away. The breeze carried dripping fuel from the fuel vent back to where I was on the ground so as best I could, I crawled away toward the tail. It was while I waited for the ambulance that I looked up and saw the elevator on the left side separated from the stabilizer. Knowing that my mechanic had pulled the elevator to work on it in late November / early December of 2015, I suspected that the proper nut had not been installed and that the bolt had worked its way out. I mentioned that to the airport staff when they arrived and asked that when the investigators arrived that that be considered. Turns out the bolt was found loose in the end cap of the elevator with no sign of distress.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

I was told my a pilot after the accident that he was trained as a young pilot not only to observe that flight surfaces were in place and that nuts were visible but that he literally put his finger on each nut and check for looseness. This may have helped in my situation.

**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.)

Bolt securing left end of elevator to the stabilizer backed out releasing that end of the elevator.

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

27 \_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

20 \_\_\_\_\_ Gallons

**Fuel Type**

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify \_\_\_\_\_

☒ 100 Low Lead

☐ Jet A

☐ JP8

☐ 100/130

☐ Jet A-1

☐ Automotive

**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed? ☐ Yes ☐ No

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

The boy had the wind knocked out of him. That was the extent of his injury. He sat for about 30 seconds. I asked him if he had any broken bones. "No". I asked him to exit, move away from the plane and not return to the runway. It took me about 3 minutes to exit due to my broken back and the angle at which the plane sat. I was unable to get very far from the plane.

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

**Aircraft Registration Number**

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

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

**Damage to Other Aircraft**

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

**Registered Owner of Other Aircraft**

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

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

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

12/13/2016  
mm/dd/yyyy

Name of Pilot/Operator: Shaun D Searle

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

-- or -- ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

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

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

-- or -- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN16LA184

Reviewed by NTSB Regional Office

Chicago IL

Name of Investigator

MG

Date Report Received

12/13/16