

# 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: OAK Ridge State: LA  
 ZIP: 71264 Country: United States  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 (Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 7/4/16 Local Time: 2:00 - 2:30 pm  
 mm/dd/yyyy Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: 87083  
 Manufacturer: Bellanca (American Champion)  
 Model: 7ECA  
 Serial Number: 1035-74  
 Year of Manufacture: 1974  
 Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 1750 lbs  
 Weight at Time of Accident/Incident: 1450 lbs  
 Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: 0 Passenger Seats: \_\_\_\_\_  
 Number of Engines: 1

**Category of Aircraft**  
☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rocket  
☐ Ultralight  
☐ Unknown

**Type of Airworthiness Certificate**  
 (Check all that apply)  
**Standard**  
☒ Normal  
☒ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility  
**Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport  
☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

**Landing Gear**  
 (Check all that apply)  
☐ Retractable  
☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Other Launch/Recovery System  
☐ None ☐ Unknown

**Engine Type (Select one)**  
☒ Reciprocating ☐ Liquid Rocket  
☐ Turbo Shaft ☐ Solid Rocket  
☐ Turbo Prop ☐ Hybrid Rocket  
☐ Turbo Jet ☐ None  
☐ Turbo Fan ☐ Unknown  
☐ Electric  
**Fuel System Type (Reciprocating)**  
☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-235</u>        | <u>4-11801-15</u>            |                         | <u>115</u>                                                                                           | <u>325</u>         |                                | <u>325</u>       |
| Eng. 2 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |                                                                                                      |                    |                                |                  |

**Last Inspection Type**  
☐ 100-Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown  
 Date Last Inspection: 6/16/2016  
 mm/dd/yyyy  
 Airframe Total Time: 2525 hrs  
 hours measured at (Select one)  
☒ Last Inspection ☐ Time of Accident/Incident

**Propeller 1** ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable  
 Manufacturer: MCCAWLEY  
 Model: 1C90CLM72-46

**Propeller 2** ☒ Fixed Pitch ☐ Controllable Pitch ☐ Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

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

**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: KMR, Holdings, LLCFractional Ownership Aircraft: ☐ Yes ☐ NoCity: Las VegasState: NVZIP: 89128Country: United States**Operator of Aircraft**☐ Same As Registered OwnerName: Daniel Wells

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

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

☐ Same Address as Registered OwnerCity: Colorado SpringsState: ColoradoZIP: 80918Country: United States**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: Pvt unregisteredAirport Identifier: N/AProximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

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

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

Airport Elevation: 50 FT ft. msl**Runway Information**Runway ID: N/A (L/R/C) Length: 2500 ft Width: 80 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 ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

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

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

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

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

## "FLIGHT CREWMEMBER 1" INFORMATION

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

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

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

### "Flight Crewmember 1" Identification

First Name: Daniel

City of Residence: Colorado spring

Middle Initial: A

State: Colorado ZIP: 80918

Last Name: Wells

Country: United states

Age at time of Accident/Incident: 23 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>Seat Occupied</b><br><input type="radio"/> Left <input checked="" 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><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input checked="" type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |  | Available                                                     | Used                                       | <input type="radio"/> None          | <input type="radio"/> None           | <input type="radio"/> Lap only              | <input checked="" type="radio"/> Lap only | <input checked="" type="radio"/> 3-point   | <input type="radio"/> 3-point    | <input type="radio"/> 4-point    | <input type="radio"/> 4-point  | <input type="radio"/> 5-point            | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <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 checked="" type="checkbox"/> Unknown |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------|----------------------------------|--------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Used                                       |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> None                 |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> Lap only  |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input checked="" type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> 3-point              |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 4-point              |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 5-point              |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Unknown              |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input checked="" type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                            |                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> None                                 | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input checked="" type="checkbox"/> Private | <input type="checkbox"/> Recreational     | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                                                                                                                                                                                                         | <input type="checkbox"/> US Military |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                  | <input type="checkbox"/> Foreign     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                               |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input 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 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>3/14/2014</u><br>mm/dd/yyyy |                                            |                                     |                                      |                                             |                                           |                                            |                                  |                                  |                                |                                          |                               |                               |                               |                                                                                                                                                                                                                                                      |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

|                                                                                              |                                                              |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|

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

|                                    |                                                                                             |
|------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Type Ratings</b> <u>Private</u> | <b>Student Endorsements</b> (Include dates)<br><u>Tail wheel, High Performance Airplane</u> |
|------------------------------------|---------------------------------------------------------------------------------------------|

| 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                                                  | 204.5        | 78.2              | 204.5                  |                      | 15.3  | 0          | 10.2      |            |        |                  |
| Pilot in Command (PIC)                                      | 147.8        | 78.2              | 147.8                  |                      | 15.3  | 0          | 10.2      |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 0     | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 147.9        | 78.2              | 147.9                  |                      | 11.3  | 0          | 6.3       |            |        |                  |
| Last 30 Days                                                | 115.9        | 54.4              | 115.9                  |                      | 7.8   | 0          | 7         |            |        |                  |
| Last 24 Hours                                               | 4.2          | 4.2               | 4.2                    |                      | 0     | 0          | 0         |            |        |                  |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input 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 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| <b>"Flight Crewmember 2" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: _____<br/>           Middle Initial: _____<br/>           Last Name: _____         </div> <div>           City of Residence: _____<br/>           State: _____    ZIP: _____<br/>           Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Age at time of Accident/Incident: _____</div> <div>Date of Birth: _____ <small>mm/dd/yyyy</small></div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: _____</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 type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                          | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <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> <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>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          | <b>Medical Certificate Validity</b><br><input 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><div style="text-align: center;">_____ <small>mm/dd/yyyy</small></div> |                                                                                                                                                                                                                                |        |                  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                          | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              | <b>Medical Certificate Limitations</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                       | <b>Medical Certificate Special Issuance</b><br><div style="height: 40px;"></div>                                                                                                                                               |        |                  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                          | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                     |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input 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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                  | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                              | <b>Instructor Rating(s) (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Airplane Single-Engine<br/> <input type="checkbox"/> Airplane Multi-Engine<br/> <input type="checkbox"/> Gyroplane<br/> <input type="checkbox"/> Powered Lift           </div> <div> <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> </div> |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| <b>Type Ratings</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              | <b>Student Endorsements (Include dates)</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| <b>Flight Time (Enter appropriate number of hours in each box)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | All Aircraft                                                                                                                                                                                                                                                                                                             | This Make & Model                                                                                                                                                                                                                                | Airplane Single Engine                                                                                                                                                                                   | Airplane Multiengine                                                                                                                                                                                                                         | Night                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Instrument |                                                                                                       | Rotorcraft                                                                                                                                                                                                                     | Glider | Lighter Than Air |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Actual     | Simulated                                                                                             |                                                                                                                                                                                                                                |        |                  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                       |                                                                                                                                                                                                                                |        |                  |

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

## **Crew Name and Address**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

## **Seat Occupied**

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

## **Injury**

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

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

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

## **Restraint Type:**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

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

## **Type Rating/Endorsement for Accident/Incident Aircraft?**

☐ Yes ☐ No

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

## **Crew Name and Address**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

## **Seat Occupied**

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

## **Injury**

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

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

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

## **Restraint Type:**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

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

## **Type Rating/Endorsement for Accident/Incident Aircraft?**

☐ Yes ☐ No

**Total Flight Time at the Time of this Accident/Incident:** \_\_\_\_\_ hrs

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

## **Name and Address**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
☐ Crew ☐ Passenger ☐ Other

## **Seat**

☐ Left  
☐ Center  
☐ Right  
☐ Unknown  
 Row: \_\_\_\_\_

## **Injury**

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

## **Restraint Type**

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

## **Inflatable Restraints**

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

## **Age**

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
☐ Crew ☐ Passenger ☐ Other

☐ Left  
☐ Center  
☐ Right  
☐ Unknown  
 Row: \_\_\_\_\_

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
☐ Crew ☐ Passenger ☐ Other

☐ Left  
☐ Center  
☐ Right  
☐ Unknown  
 Row: \_\_\_\_\_

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
☐ Crew ☐ Passenger ☐ Other

☐ Left  
☐ Center  
☐ Right  
☐ Unknown  
 Row: \_\_\_\_\_

☐ None  
☐ Minor  
☐ Serious  
☐ Fatal  
☐ Unknown

**Available** **Used**  
☐ None ☐ None  
☐ Lap Only ☐ Lap Only  
☐ 3-point ☐ 3-point  
☐ 4-point ☐ 4-point  
☐ 5-point ☐ 5-point  
☐ Unknown ☐ Unknown

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

☐ Under 5 years  
 If Under 5,  
☐ Child Restraint  
☐ Lap-Held  
☐ Unknown

# FLIGHT ITINERARY INFORMATION

|                                                                                                                                                |                                                                               |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KVKS</u><br>City: <u>Vicksburg</u><br>State: <u>Mississippi</u><br>Country: <u>United States</u> | <b>Time of Departure</b><br>Time: <u>1:30 PM</u><br>Time Zone: <u>Central</u> | <b>Destination</b><br>Airport ID: <u>KBOP</u><br>City: <u>Bastrop</u><br>State: <u>LA</u><br>Country: <u>United States</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Type of ATC Clearance/Service (Check all that apply)

|                                          |                                      |                                      |                                               |                                       |
|------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

## Airspace where the accident/incident occurred (Check all that apply)

|                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |                                                                                                                           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Class A<br><input type="checkbox"/> Class B<br><input type="checkbox"/> Class C<br><input type="checkbox"/> Class D<br><input type="checkbox"/> Class E | <input checked="" type="checkbox"/> Class G<br><input type="checkbox"/> Demo Area<br><input type="checkbox"/> Warning Area<br><input type="checkbox"/> Prohibited Area<br><input type="checkbox"/> Restricted Area | <input type="checkbox"/> Military Operations Area (MOA)<br><input type="checkbox"/> Airport Advisory Area<br><input type="checkbox"/> Jet Training Area<br><input type="checkbox"/> TRSA<br><input type="checkbox"/> FAR 93 | <input type="checkbox"/> Special<br><input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Unknown | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

# WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

## Source of Pilot Weather Information

(Check all that apply)

|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather | <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

## Basic Conditions

☒ VMC  
☐ IMC  
☐ Unknown

## Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown  
☒ Day ☐ Night ☐ Bright Night

## Sky/Lowest Cloud Condition

☐ Clear ☐ Thin Broken  
☐ Few ☐ Thin Overcast  
☐ Partial Obscuration ☐ Unknown  
☒ Scattered

Lowest Cloud Condition Height  
6,000 ft agl

## Ceiling

☒ None (Clear) ☐ Obscured  
☐ Broken ☐ Indefinite  
☐ Overcast ☐ Unknown

Ceiling Height  
 \_\_\_\_\_ ft agl

Temperature: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. Hg  
 or \_\_\_\_\_ MB

## Wind Direction

☐ Variable

-or-  
 Direction: 200 degrees true

## Wind Speed

☐ Calm  
☐ Light and Variable

-or-  
 Speed: 10 kts

## Wind Gusts

☐ Not Gusting

-or-  
 Speed: 12 kts

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: 2,600 ft

## Intensity of Precipitation

☐ Light  
☐ Moderate  
☐ Heavy  
☐ N/A  
☐ Unknown

## Type of Precipitation (Check all that apply)

|                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers | <input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals | <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Restriction to Visibility (Check all that apply)

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust | <input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Icing Forecast

| Amount                                | Type                          |
|---------------------------------------|-------------------------------|
| <input checked="" type="radio"/> None | <input type="radio"/> N/A     |
| <input type="radio"/> Trace           | <input type="radio"/> Rime    |
| <input type="radio"/> Light           | <input type="radio"/> Clear   |
| <input type="radio"/> Moderate        | <input type="radio"/> Mixed   |
| <input type="radio"/> Severe          | <input type="radio"/> Unknown |
| <input type="radio"/> Unknown         |                               |

## Icing Actual

| Amount                                | Type                          |
|---------------------------------------|-------------------------------|
| <input checked="" type="radio"/> None | <input type="radio"/> N/A     |
| <input type="radio"/> Trace           | <input type="radio"/> Rime    |
| <input type="radio"/> Light           | <input type="radio"/> Clear   |
| <input type="radio"/> Moderate        | <input type="radio"/> Mixed   |
| <input type="radio"/> Severe          | <input type="radio"/> Unknown |
| <input type="radio"/> Unknown         |                               |

## Turbulence

| Type (Check all that apply)                    | Severity                          |
|------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None       | <input type="checkbox"/> Light    |
| <input type="checkbox"/> Clear Air             | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Terrain-Induced       | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme  |

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

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

### Aircraft Damage

- ☐ None      ☐ Substantial  
☐ Minor    ☒ Destroyed  
☐ Unknown

### Aircraft Fire

- ☒ None      ☐ 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 had ~~both~~ wings damaged one ripped off fuselage twisted and water damage

## 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.

Flew from KBQP to KUKS on way back to KBQP I was going to do a few landings on put grass strip landing was fine I turned around to depart to the west on takeoff I didn't feel like the airplane was up to speed it should at 3/4 of the field and it wasn't at take off speed. I aborted takeoff I wasn't able to stop the plane before I over ran the runway. there's a ditch at end of runway I hit the ditch it bounced up <sup>me</sup> onto a rock and another ditch plane hit and flipped end over end and landed in ditch. After accident I got in another plane to fly to KBQP to shower and get AV gas off of me. it was on a grass strip

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

Operator/Owner Safety Recommendation

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

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

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours  
\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

15 Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

**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

1 occupant exited out  
of door

**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

7/7/2016  
mm/dd/yyyy

Name of Pilot/Operator:

Daniel WellsSignature: 

-- 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.

CEN16LA250

Reviewed by NTSB Regional Office

Denver, Colorado

Name of Investigator

Jennifer S Rodi

Date Report Received

07/08/2016