

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: LEATON State: MD
 ZIP: _____ Country: JOHNSON
 Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)

Date/Time

Date: 30 AUG Local Time: 9:30 PM
 mm/dd/yyyy Time Zone: CENTRAL

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☐ None

Altitude of In-Flight Occurrence

_____ ft MSL

WEATHER INFORMATION AT THE ACCIDENT SITE

Weather Observation Facility

Facility ID: SKYHAVEN AIRPORT

Observation Time: _____

Time Zone: _____

Distance from Accident Site: 20 NM

Direction from Accident Site: NE degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ Unknown
☐ Commercial Weather Service (DUATS)

Method of Briefing

(Check all that apply)

☐ In Person
☐ Teletype
☐ Telephone/Computer
☒ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

☐ Full ☐ Abbreviated
☐ Partial / Limited By Pilot ☐ Unknown
☐ Partial / Limited By Briefer ☒ Not Pertinent

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night
☒ Day ☐ Night ☐ Bright Night
☐ Not Reported

Visibility

10 miles

Sky/Lowest Cloud Condition

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

Ceiling

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

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Lowest Cloud Condition Height

None ft AGL

Ceiling Height

None ft AGL

Wind Direction

☒ Indicated: _____ degrees MAG
90

☒ Variable Clear

Wind Speed

Velocity: _____ KTS
 -or-
☒ Calm
☒ Light and Variable

Wind Gusts

Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds
☐ Clear Air ☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme ☐ Moderate ☒ Light
☐ Severe ☐ Moderate Chop

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

Temperature: _____ (C)

or 75 (F)

Altimeter Setting: _____ in. HG

or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)

or _____ (F)

Icing Forecast

Amount Type
☒ None ☐ Moderate ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

Icing Actual

Amount Type
☒ None ☐ Moderate ☐ Rime
☐ Trace ☐ Severe ☐ Clear
☐ Light ☐ Mixed

Type of Precipitation (Check all that apply)

☒ None ☐ Drizzle
☐ Rain ☐ Ice Pellets
☐ Snow ☐ Snow Pellets
☐ Hail ☐ Snow Grains
☐ Rain Showers ☐ Ice Crystals
☐ Freezing Rain ☐ Ice Pellets Shower
☐ Snow Shower ☐ Freezing Drizzle

Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

AIRCRAFT INFORMATION									
Manufacturer: <u>Republic</u> Model: <u>RC3</u> Serial Number: <u>752</u> Registration Number: <u>6490K</u>					Max Gross Weight: <u>3150</u> lbs Weight at Time of Accident: _____ lbs Location of Center of Gravity at Time of Accident: _____ inches from ☐ nose or ☐ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☒ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☒ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown			
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>8/10/16</u> mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (check one) ☐ Last Inspection ☐ Time of Accident				
IFR Equipped ☐ Yes ☒ No ☐ Unknown			Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☐ Specify <u>PRESSURE</u>				
ELT Installed ☐ Yes ☒ No ELT Activated ☒ Yes ☐ No			ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: <u>BATTERY</u> Battery Exp. Date: <u>8/15/2016</u>						
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☐ Fixed Pitch ☒ Controllable Pitch Manufacturer: <u>HARTZELL</u> Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	<u>FRANKLIN</u>	<u>GAB215B9F</u>			<u>215</u>		<u>3</u>		
Eng. 2									
Eng. 3									
Eng. 4									
OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner Name: <u>LOUIE J BUNGARNER</u> Fractional Ownership Aircraft: ☐ Yes ☐ No					Owner Address City: _____ State: <u>MD</u> ZIP: <u>64083</u> Country: <u>JOHNSON</u>				
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____					Operator Address ☐ Same As Registered Owner City: <u>55505 ABOVE</u> State: <u>GA</u> ZIP: _____ Country: _____				
Regulation Flight Conducted Under ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces					Revenue Sightseeing Flight ☐ Yes ☐ No Air Medical Flight ☐ Yes ☐ No				

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☒ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International Cargo Operation NO ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft		
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 First Name: <u>COLL J BUNGARNER</u> City: <u>WARRENSBURG</u> Middle Initial: <u>J</u> State: <u>MO</u> ZIP: <u>64093</u> Last Name: <u>BUNGARNER</u> Country: _____				
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				
AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)				
Airport Identifier: _____ Distance From Airport Center: _____ SM Airport Name: <u>SKY HAVEN</u> Direction From Airport: _____ degrees MAG Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: _____ ft. MSL				
Approach Segment (Select one) ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)				
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> IFR Approach (Check all that apply) ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling </td> <td style="width:50%; vertical-align: top;"> VFR Approach (Check all that apply) ☒ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown </td> </tr> </table>			IFR Approach (Check all that apply) ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling	VFR Approach (Check all that apply) ☒ None ☐ Stop and Go ☐ Traffic Pattern ☐ Touch and Go ☐ Straight-In ☐ Simulated Forced Landing ☐ Valley/Terrain Following ☐ Forced Landing ☐ Go Around ☐ Precautionary Landing ☐ Full Stop ☐ Unknown
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FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>SKY HAVEN</u> City: <u>WARRENSBURG</u> State: <u>MO</u> Country: <u>JOHNSON</u>	Time of Departure Time: <u>9:15 AM</u> Time Zone: <u>CENTRAL</u>	Destination Airport ID: <u>TRUMAN LAKE</u> City: _____ State: <u>MO</u> Country: _____		
Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No				
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				

Airspace where the accident occurred (Check all that apply)				
☐ Class A	☐ Class E	☐ Prohibited Area	☐ Jet Training Area	☐ Special
☐ Class B	☐ Class G	☐ Restricted Area	☐ TRSA	☐ Air Traffic Control Area
☐ Class C	☐ Demo Area	☐ Military Operations Area (MOA)	☐ FAR 93	☐ Unknown
☒ Class D	☐ Warning Area	☐ Airport Advisory Area		
Aircraft Load Description (Check all that apply)				
☒ None	☐ Towing Glider	☐ Parachutists	☐ Livestock	
☐ Passengers	☐ Towing Banner	☒ Water	☐ Unknown	
☐ Cargo	☐ Other External	☐ Chemical/Fertilizer/Seeds		
FUEL & SERVICES INFORMATION				
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type		
40 Gallons		☒ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5		
Other Services, if Any, Prior to Departure				
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)				
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)				Total Time/Cycles On Part
LOSS OF POWER				262.8 Hours
				Cycles
				Time Since This Part Inspected/Overhauled
				148.3 Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY				
Aircraft Damage		Aircraft Fire		Aircraft Explosion
☐ None	☒ Substantial	☒ None	☐ Both Ground and In-Flight	☒ None
☐ Minor	☐ Destroyed	☐ In-Flight	☐ Unknown Origin	☐ Both Ground and In-Flight
		☐ On-Ground		☐ Unknown Origin
Description of Damage to Aircraft and Other Property (use additional sheet if necessary)				
Severe				
EVACUATION OF AIRCRAFT				
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No				
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location				
PILOT ONLY WALKED AWAY				

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>CECIL</u> City: <u>WARRENSBURG</u> Middle Initial: <u>J</u> State: <u>MO</u> ZIP: <u>64093</u> Last Name: <u>BUNGERNER</u> Country: <u>JOHNSON</u> Age at time of Accident: <u>87</u> Date of Birth: mm/dd/yyyy Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious			Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☒ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☒ Private <u>LTS</u> ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military																																																																																																				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown			Date of Last Medical <u>09/07/2016</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations NO																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>09/15/2015</u> <u>09/15/15</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Piper</u> Model: <u>JB</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☒ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) (Check all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings SINGLE-ENG LTS						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td style="padding: 2px;">2730.0</td> <td style="padding: 2px;">109.4</td> <td style="padding: 2px;">2730.0</td> <td style="padding: 2px;">15.0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">100.</td> <td style="padding: 2px;">10.</td> <td style="padding: 2px;">4.</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td style="padding: 2px;">10.0</td> <td style="padding: 2px;">3.0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td style="padding: 2px;">3.0</td> <td style="padding: 2px;">3.0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td style="padding: 2px;">3.0</td> <td style="padding: 2px;">1.0</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>											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	2730.0	109.4	2730.0	15.0				100.	10.	4.	Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days	10.0	3.0									Last 30 Days	3.0	3.0									Last 24 Hours	3.0	1.0								
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Pilot "B" Responsibilities at the Time of Accident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
Pilot "B" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Student ☐ Private ☐ Flight Instructor ☐ Recreational ☐ Commercial ☐ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ U.S. Military																																																																																																				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown			Date of Last Medical <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations																																																																																																				
Medical Certificate Waivers																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make & Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No						Total Flight Time at the Time of this Accident/Incident: _____ hrs										
Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
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Pilot Name and Address						Degree of Injury										
First Name: _____			City: _____			☐ None		☐ Fatal								
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown								
Last Name: _____			Country: _____			☐ Serious										
Pilot Certificate(s) (Check all that apply)						Seat Occupied										
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer								
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military								
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 flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																
First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
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First Name: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Middle Initial: _____																
Last Name: _____																
City: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
State: _____ ZIP: _____																
Country: _____																

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

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

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**12/03/16
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

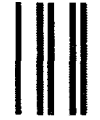
Type or Print Name: Cecilia J. Tsung-Garner**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

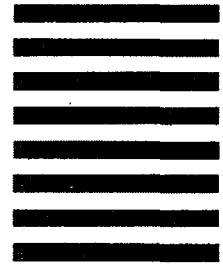
Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**
CEN16LA355**Reviewed by NTSB Regional Office**
Denver, CO**Name of Investigator**
Craig Hatch**Date Report Received**



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FOLLOW ADDRESSING INSTRUCTIONS BELOW

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) REGIONAL OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Regional Offices are located in the following cities:

Anchorage, AK
Arlington, TX
Atlanta, GA
Chicago, IL
Denver, CO

Gardena, CA
Miami, FL
Parsippany, NJ
Seattle, WA
Ashburn, VA

The complete mailing addresses for NTSB Regional Offices are listed under U.S. GOVERNMENT in the telephone directories of the listed cities, or on the NTSB Web site <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD
Office of Aviation Safety