

# 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: Portland State: IN  
 ZIP: 47371 Country: United States of America  
 Latitude: N40:27:32 Longitude: W84:58:21  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 05/26/2017 Local Time: 1720  
*mm/dd/yyyy* Time Zone: Eastern

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

## AIRCRAFT INFORMATION

Registration Number: N604KA

Manufacturer: Amstutz, Curtis J

Model: BD-5B

Serial Number: 1

Year of Manufacture: 2016

Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: BD-5B

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

Maximum Gross Weight: 800 lbs

Weight at Time of Accident/Incident: 620 lbs

Number of Seats: 1 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

### Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ Ultralight
- ☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

#### Standard

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

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

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

### Landing Gear

(Check all that apply)

☒ Retractable

☒ Tricycle

- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel

☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Hirth               | 3203E               | 896889                       |                                   | 65                                                                                                   | 15                    | 6                                    | 15                  |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 09/26/2016  
*mm/dd/yyyy*

Airframe Total Time: 5.8 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

- ☐ Annual
- ☒ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

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

Manufacturer: Prince Aircraft Co.

Model: 6785P44BP46LK

ELT Installed: ☐ Yes ☒ No

If Yes:

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

Model or Part No.: \_\_\_\_\_

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

Was ELT still mounted in aircraft? ☐ Yes ☒ No

Was ELT still connected to antenna? ☐ Yes ☒ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

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

### Propeller 2

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

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

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

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Amstutz Curtis JCity: BerneFractional Ownership Aircraft: ☐ Yes ☒ NoState: IN ZIP: 46711Country: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☒ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☐ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☐ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Portland MunicipalAirport Identifier: KPLDProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/ADistance From Airport Center: 1 smDirection From Airport: 060 degrees trueAirport Elevation: 925 ft. msl**Runway Information**Runway ID: 27 (L/R/C) Length: 4002 ft Width: 75 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 ☐ Crosswind ☐ Aborted Landing (after touchdown)  
☐ Unknown

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

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

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

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

| <b>"FLIGHT CREWMEMBER 1" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Curtis</u><br/>           Middle Initial: <u>J</u><br/>           Last Name: <u>Amstutz</u> </div> <div>           City of Residence: <u>Berne</u><br/>           State: <u>IN</u>    ZIP: <u>46711</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>48</u>    Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small><br/>           Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Degree of Injury</b><br><input 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 type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input checked="" type="radio"/> Single                                                                                  |                                                                                |       | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |           |            | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                              |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> None</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Flight Instructor</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Commercial</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> US Military</div> <div style="flex: 1; min-width: 100px;"><input checked="" type="checkbox"/> Private</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Recreational</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Airline Transport</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Foreign</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Student</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Sport</div> <div style="flex: 1; min-width: 100px;"><input type="checkbox"/> Flight Engineer</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                             |           |            | <b>Date of Last Medical</b><br><u>03/21/2016</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Medical Certificate Limitations</b><br>Must wear corrective lenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Medical Certificate Special Issuance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>03/25/2016</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                   |                                                                                                                                                                                                                                                                                                                                 | <b>Flight Review Aircraft</b><br>Make: <u>Piper</u><br>Model: <u>PA 28-161</u> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                   | <b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                |       | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                          |           |            | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport             </div> |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <b>Type Ratings</b><br>none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <small>(Enter appropriate number of hours in each box)</small></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>212</td> <td>6</td> <td>212</td> <td>0</td> <td>13</td> <td>10</td> <td>51</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>183</td> <td>6</td> <td>183</td> <td>0</td> <td>10</td> <td>8</td> <td>47</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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: 5px;">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: 5px;">Last 90 Days</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Flight Time <small>(Enter appropriate number of hours in each box)</small> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 212 | 6 | 212 | 0 | 13 | 10 | 51 |  |  |  | Pilot in Command (PIC) | 183 | 6 | 183 | 0 | 10 | 8 | 47 |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 2 | 2 | 2 | 0 | 0 | 0 | 0 |  |  |  | Last 30 Days | 2 | 2 | 2 | 0 | 0 | 0 | 0 |  |  |  | Last 24 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |
| Flight Time <small>(Enter appropriate number of hours in each box)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | All Aircraft | This Make & Model | Airplane Single Engine                                                                                                                                                                                                                                                                                                          | Airplane Multiengine                                                           | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Rotorcraft | Glider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lighter Than Air |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Simulated |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 212          | 6                 | 212                                                                                                                                                                                                                                                                                                                             | 0                                                                              | 13    | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 51        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 183          | 6                 | 183                                                                                                                                                                                                                                                                                                                             | 0                                                                              | 10    | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 47        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2            | 2                 | 2                                                                                                                                                                                                                                                                                                                               | 0                                                                              | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2            | 2                 | 2                                                                                                                                                                                                                                                                                                                               | 0                                                                              | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0            | 0                 | 0                                                                                                                                                                                                                                                                                                                               | 0                                                                              | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                            |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |   |     |   |    |    |    |  |  |  |                        |     |   |     |   |    |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |  |  |  |              |   |   |   |   |   |   |   |  |  |  |               |   |   |   |   |   |   |   |  |  |  |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

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

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

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

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

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

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

#### Degree of Injury

☐ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Restraint Type

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

#### Inflatable Restraints

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

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

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

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

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

#### Date of Last Medical

\_\_\_\_\_ mm/dd/yyyy

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

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

\_\_\_\_\_ mm/dd/yyyy

#### Flight Review Aircraft

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

#### Airplane Rating(s) (Check all that apply)

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

#### Other Aircraft Rating(s) (Check all that apply)

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

#### Instrument Rating(s) (Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s) (Check all that apply)

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

#### Type Ratings

#### Student Endorsements (Include dates)

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

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

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

### Last Departure Point

Airport ID: KPLD  
 City: Portland  
 State: Indiana  
 Country: USA

### Time of Departure

Time: 1650  
 Time Zone: Eastern

### Destination

Airport ID: KPLD  
 City: Portland  
 State: Indiana  
 Country: USA

### Type Flight Plan Filed

☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
 Activated? ☐ Yes ☐ No ☐ Unknown

### 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/incident occurred (Check all that apply)

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special  
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area  
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown  
☐ Class D ☐ Prohibited Area ☐ TRSA  
☒ Class E ☐ Restricted Area ☐ FAR 93

### Altitude of In-Flight Occurrence:

1500 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Source of Pilot Weather Information

(Check all that apply)

☒ National Weather Service ☐ Company  
☐ Flight Service Station ☐ Military  
☐ TV/Radio ☒ Internet  
☒ Automated Report ☐ None  
☐ Commercial Weather Service (DUATS) ☐ Unknown  
☐ On-Board Weather

### Weather Observation Facility

Facility ID: KPLD ASOS  
 Observation Time: 1630  
 Time Zone: Eastern  
 Distance from Accident Site: 1 nm  
 Direction from Accident Site: 240 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

7000 ft agl

### Ceiling

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

### Ceiling Height

                     ft agl

Temperature: 24 (C) or            (F)

Dew Point: 15 (C) or            (F)

Altimeter Setting: 29.84 in. Hg  
 or            MB

### Wind Direction

☐ Variable

-or-  
 Direction: 200 degrees true

### Wind Speed

☐ Calm  
☐ Light and Variable

-or-  
 Speed: 6 kts

### Wind Gusts

☒ Not Gusting

-or-  
 Speed:            kts

Visibility 10 miles

RVR:            feet

RVV:            miles

Density Altitude:            ft

### Intensity of Precipitation

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

### Type of Precipitation (Check all that apply)

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

### 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

### Icing Forecast

Amount ☒ None ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

### Icing Actual

Amount ☒ None ☐ N/A  
☐ Trace ☐ Rime  
☐ Light ☐ Clear  
☐ Moderate ☐ Mixed  
☐ Severe ☐ Unknown  
☐ Unknown

### Turbulence

Type (Check all that apply)  
☒ None ☐ Light  
☐ Clear Air ☐ Moderate  
☐ Terrain-Induced ☐ Severe  
☐ Convective Turbulence ☐ Extreme

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

HUF 05/096 PLD OBST TOWER LGT (ASR 1042565) 402633.00N0850555.00W (5.0 NM W PLD) 1128.0FT (245.1FT AGL) OUT OF SERVICE 1705042046-1706042045

HUF 05/539 PLD OBST TOWER LGT (ASR 1028747) 402408.80N0845847.40W (3.0NM S PLD) 1337.9FT (412.1FT AGL) OUT OF SERVICE 1705251122-1706091022

**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)*

Nose gear door bent, nose gear strut bent, left main gear collapsed, right main gear collapsed, both flaps and ailerons damaged, left horizontal stabilator bent, lower aft fuselage skins wrinkled

**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.

I departed KPLD at 1650 Eastern on runway 27 and climbed west of the airport. The mission of the local test flight was to perform timed climbs at different airspeeds to record rate of climb. I performed 6 climbs alternating heading 180 and 360 degrees starting at 2800' MSL establishing a stable airspeed and beginning timing for 1 minute as I passed through 3000'. Following the 6th climb at 3500' MSL, I experienced some engine roughness after reducing power. I entered a close left downwind for runway 27 and descended for landing. I switched from the left tank to the right tank and did a magneto check on both ignition systems. None of these actions improved the roughness. At this point, the engine continued to produce power. After turning left base for runway 27, the engine quit. I immediately turned toward the airport, but quickly realized I would not reach the runway. With buildings, utility lines, and a highway between me and the airport, I turned right (north) and performed a controlled, forced landing in an open field. The field had tall grass and brush (3'-4' tall) and was very wet from recent heavy rains. I rolled about 170' before the landing gear collapsed in a boggy area which caused the aircraft to spin to the left approximately 230 degrees in a ground loop before coming to a stop.

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

When I first noticed engine roughness, I had plenty of altitude to glide to the runway. I thought I had remained within gliding distance of the runway. However, when the engine quit, my rate of descent was much greater than I had anticipated. I should have turned base earlier, remaining closer to the runway.

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

**Was there Mechanical Malfunction/Failure?** ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Engine - Hirth 3203E #896889 - Engine roughness then quit on base leg of approach. The CHT and EGT of #1 cylinder decreased before the engine quit.

**Total Time/Cycles On Part**

15 \_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**

6 \_\_\_\_\_ Hours

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

(Convert from pounds, as necessary)

13 \_\_\_\_\_ Gallons

**Fuel Type**

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify \_\_\_\_\_

☒ 100 Low Lead

☐ Jet A

☐ JP8

☐ 100/130

☐ Jet A-1

☐ Automotive

**Other Services, if Any, Prior to Departure**

2 cycle oil mixed 45:1 with 100LL

**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

After turning off all electrical system components, I unlatched the canopy and exited the aircraft. I was the sole occupant of the single place 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**

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

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

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

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

**Pilot of Other Aircraft**

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

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

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

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

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

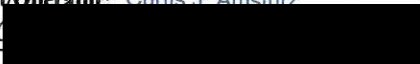
Use this space if additional space is needed for any answers.

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

**Date of this Report**

05/28/2017  
mm/dd/yyyy

**Name of Pilot/Operator:** Curtis J. Amstutz

**Signature:** 

– or – ☒ Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

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

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

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

– or – ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**  
CEN17LA205

**Reviewed by NTSB Regional Office**  
Central Region

**Name of Investigator**  
Pamela S Sullivan

**Date Report Received**  
5-31-2017