

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

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

## BASIC INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Millard</u> State: <u>Ne.</u><br>ZIP: <u>68137</u> Country: <u>United States</u><br>Latitude: <u>41:12:25/N</u> (dd:mm:ss N/S) Longitude: <u>096:07:33/W</u> (ddd:mm:ss E/W)                                                                                                                                                                                                                                    |  | <b>Date/Time</b><br>Date: <u>01/24/2018</u> Local Time: <u>1420</u><br><i>mm/dd/yyyy</i> Time Zone: <u>Central</u>                             |                                                         |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br>_____ ft MSL |

## AIRCRAFT INFORMATION

|                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Manufacturer:</b> <u>Quartz Mountain</u><br><b>Model:</b> <u>L-11E</u><br><b>Serial Number:</b> <u>1006</u><br><b>Registration Number:</b> <u>N515BW</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Max Gross Weight:</b> <u>2,280</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>2,000</u> lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br><u>85</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>3</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input checked="" type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>12/21/2017</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>276</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                             |                                                                                                                                               |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>IFR Equipped</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify _____ |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                      |                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>ACK Technologies Inc.</u><br><b>Model/Series:</b> <u>ACK E-04 406/121.5</u><br><b>Serial Number:</b> <u>Not available</u><br><b>Battery Type:</b> <u>Duracell PX28L</u> <b>Battery Exp. Date:</b> <u>11/2021</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input checked="" type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch    Manufacturer: <u>Sensenich</u><br><input type="checkbox"/> Controllable Pitch    Model: <u>76EC855-0-66</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Continental         | IO-360-ES           | 360342                       | 12/18/2007                        | 185                                                                                                                                    | 276                | 124                           | 400                         |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                                                        |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Oracle Aviation</u><br><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Owner Address</b><br>City: <u>Millard</u><br>State: <u>Ne.</u> ZIP: <u>68137</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input checked="" type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                     | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Registered Owner of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Pilot of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i><br><br><div style="height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Total Time/Cycles On Part</b><br><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br><br>_____ Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                              | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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

Some damage to the wings and a chain link fence on the ground.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KMLEDistance From Airport Center: 2 SMAirport Name: MillardDirection From Airport: 310 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 1,050 ft. MSL**Approach Segment** (Select one)

☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

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

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

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

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

**Runway Information**

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

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

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

**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 ☐ Unknown  
☐ Slush Covered ☐ Vegetation

**FLIGHT ITINERARY INFORMATION****Last Departure Point**

Airport ID: KGRI  
City: Grand Island  
State: Ne.  
Country: United States

**Time of Departure**

Time: 1345  
Time Zone: Central

**Destination**

Airport ID: KMLE  
City: Millard  
State: Ne.  
Country: United States

**Type Flight Plan Filed**

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

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

☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise  
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

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

**Aircraft Load Description** (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

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

(convert from pounds, as necessary)

15 Gallons**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

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

None

**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

Student pilot and myself exited the aircraft in a normal manner.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KMLEObservation Time: 1400Time Zone: CentralDistance from Accident Site: 2 NMDirection from Accident Site: 120 degrees MAG**Source of Weather Information**

(Check all that apply)

- |                                                                        |                                   |
|------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service                      | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station                        | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                                      | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report                   | <input type="checkbox"/> Unknown  |
| <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> In Person                     |
| <input type="checkbox"/> Teletype                      |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio                |
| <input type="checkbox"/> TV/Radio                      |
| <input type="checkbox"/> Unknown                       |

**Briefing Type/Completeness**

- |                                                       |                                        |
|-------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Full              | <input type="checkbox"/> Abbreviated   |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
|                                         |                                | <input type="checkbox"/> Not Reported |

**Visibility**10 miles**Sky/Lowest Cloud Condition**

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Thin Broken   |
| <input type="checkbox"/> Few                 | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |                                        |

**Ceiling**

- |                                                  |                                     |
|--------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**Restriction to Visibility** (Check all that apply)

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

**Lowest Cloud Condition Height**                     ft AGL**Ceiling Height**                     ft AGL**Wind Direction**☒ Indicated:  
120 degrees MAG☐ Variable**Wind Speed**Velocity: 5 KTS

-or-

- |                                             |
|---------------------------------------------|
| <input type="checkbox"/> Calm               |
| <input type="checkbox"/> Light and Variable |

**Wind Gusts**Velocity:            KTS

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Gusting                |
| <input checked="" type="checkbox"/> Not Gusting |

**Type of Turbulence** (Check all that apply)

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

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

None

Temperature:            (C)  
or 40 (F)Altimeter Setting: 30.00 in. HG  
or            MBDensity Altitude: 800 ftDew Point:            (C)  
or 30 (F)**Icing Forecast****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual****Amount**

- |                                          |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

**Type**

- |                                |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

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

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

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

## PILOT "A" INFORMATION

### Pilot "A" Responsibilities at the Time of Accident/Incident

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

### Pilot "A" Identification

First Name: David City: Omaha  
 Middle Initial: E. State: Ne. ZIP: 68122  
 Last Name: Howell Country: United States  
 Age at time of Accident/Incident: 68 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

#### Degree of Injury

☒ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Seat Belt

Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No

#### Shoulder Harness

Used ☒ Yes ☐ No  
 Available ☐ Yes ☐ No

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

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☐ Private
 ☒ Flight Instructor
 ☐ Sport
 ☒ Airline Transport
 ☐ U.S. Military

#### Principal Occupation

☒ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

☐ Without limitations/waivers  
☒ With limitations/waivers  
☐ Unknown

#### Date of Last Medical

12/13/2017  
mm/dd/yyyy

### Medical Certificate Limitations

Must wear corrective lenses

### Medical Certificate Waivers

None

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

12/5/2017  
mm/dd/yyyy

### Flight Review Aircraft

Make: Citation  
 Model: 560

#### Airplane Rating(s)

(Check all that apply)  
☐ None  
☒ Single-Engine Land  
☒ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

#### Other Aircraft Rating(s)

(Check all that apply)  
☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

#### Instrument Rating(s)

(Check all that apply)  
☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s)

(Check all that apply)  
☐ None
 ☒ Instrument Airplane  
☒ Airplane Single-Engine
 ☐ Instrument Helicopter  
☒ Airplane Multi-Engine
 ☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

CE-500, DA-10, DA-20, DA-50, GIV, LR-45, N-265

### 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                                                  | 16,046       | 60                | 3,000                  | 13,000               | 1,800 | 970        |           |            |        |                  |
| Pilot in Command (PIC)                                      | 13,400       |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 2,600        |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 30           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 10           |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 0            |                   |                        |                      |       |            |           |            |        |                  |

## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

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

### Pilot "B" Identification

First Name: Jake City: Columbus  
 Middle Initial: J State: Ne. ZIP: 68601  
 Last Name: Gotshall Country: United States  
 Age at time of Accident/Incident: 27 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

#### Degree of Injury

☒ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Seat Belt

Used ☒ Yes
 ☐ No  
 Available ☐ Yes
 ☐ No

#### Shoulder Harness

Used ☒ Yes
 ☐ No  
 Available ☐ Yes
 ☐ No

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

☐ None
 ☐ Student
 ☐ Recreational
 ☒ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☐ Private
 ☒ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

#### Principal Occupation

☒ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

☒ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

#### Date of Last Medical

03/1/2017  
mm/dd/yyyy

### Medical Certificate Limitations

None

### Medical Certificate Waivers

None

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

11/3/2016  
mm/dd/yyyy

### Flight Review Aircraft

Make: Piper

Model: Cherokee 140

#### Airplane Rating(s)

(Check all that apply)

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

#### Other Aircraft Rating(s)

(Check all that apply)

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

#### Instrument Rating(s)

(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s)

(Check all that apply)

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

### Type Ratings

### Student Endorsements (Include dates)

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 1,420        | 7                 | 110                    |                      | 89    | 89         |           | 1,300      |        |                  |
| Pilot in Command (PIC)                                      | 1,337        |                   | 70                     |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 324          |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 30           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)                      |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|---------------------------------------------------------------------------|--------------------------|--------------------------------------------|--------------------------|------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |  |                                                                           |                          | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  | City: _____                                |  |                                                                           |                          | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  | State: _____                               |  | ZIP: _____                                                                |                          | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  | Country: _____                             |  |                                                                           |                          | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |  |                                                                           |                          | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |  | <input type="checkbox"/> Recreational                                     |                          | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |  | <input type="checkbox"/> Sport                                            |                          | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| <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>Pilot Name and Address</b>                                                                                           |  |                                            |  |                                                                           |                          | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  | City: _____                                |  |                                                                           |                          | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  | State: _____                               |  | ZIP: _____                                                                |                          | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  | Country: _____                             |  |                                                                           |                          | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |  |                                                                           |                          | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |  | <input type="checkbox"/> Recreational                                     |                          | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |  | <input type="checkbox"/> Sport                                            |                          | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| <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>Pilot Name and Address</b>                                                                                           |  |                                            |  |                                                                           |                          | <b>Degree of Injury</b>                    |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____                                                                                                       |  | City: _____                                |  |                                                                           |                          | <input type="checkbox"/> None              |                          | <input type="checkbox"/> Fatal           |                          |                          |                          |                          |                          |                          |
| Middle Initial: _____                                                                                                   |  | State: _____                               |  | ZIP: _____                                                                |                          | <input type="checkbox"/> Minor             |                          | <input type="checkbox"/> Unknown         |                          |                          |                          |                          |                          |                          |
| Last Name: _____                                                                                                        |  | Country: _____                             |  |                                                                           |                          | <input type="checkbox"/> Serious           |                          |                                          |                          |                          |                          |                          |                          |                          |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |  |                                            |  |                                                                           |                          | <b>Seat Occupied</b>                       |                          |                                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |  | <input type="checkbox"/> Recreational                                     |                          | <input type="checkbox"/> Commercial        |                          | <input type="checkbox"/> Flight Engineer |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |  | <input type="checkbox"/> Sport                                            |                          | <input type="checkbox"/> Airline Transport |                          | <input type="checkbox"/> U.S. Military   |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| <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 |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
|                                                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)                     |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Name and Address                                                                                                        |  |                                            |  | Seat                                                                      | Crew                     | Non-Revenue                                | Revenue                  | Non-Occupant                             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                           |  |                                            |  | _____                                                                     | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                           |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                         |  |                                            |  |                                                                           |                          |                                            |                          |                                          |                          |                          |                          |                          |                          |                          |

**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 time and point of departure, intended destination, and services obtained.

We were conducting an instrument cross country from KMLE, KLCG, KGRI, KMLE. Weather was VFR at all locations with a practice approach at each airport. The aircraft was full of fuel, and verified visually, which should have given us 4 hours total fuel, with a planned flight time of 3 hours. At the 3 hour mark we had just passed the final approach fix for the practice GPS for runway 12 into KMLE, so approximately 5.3 miles from the end of the runway 12 we experienced a total power loss. We accomplished normal emergency procedures, mixture rich, fuel tank on both, boost pump on high, and regained engine power for about 10 seconds, but were unable to maintain, and were unable to restart. We were beyond glide distance to the airport, so we executed a forced landing in a baseball field approximately 2 or 3 miles north of the airport. Aircraft damage was mainly caused by gliding through the tree tops at the approach end of the field. There was about 2 inches of snow on the field, so braking action was poor once we touched down, and we impacted a chain link fence, which stopped the airplane. I took control of the airplane, and conducted the landing. Neither myself or the student pilot were injured, and other than the damage to the fence, there was no other damage to anything on the ground.

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

The accident airplane had a similar issue two weeks prior to our event, and the instructor and student were able to make an airport at that time, but no determination was ever made as to why the engine quit running. We believe that either the tanks did not hold the 42 gallons that they should have, or the airplane was burning a significantly greater amount per hour than it should have, which led to our issue.

Better maintenance communication, better re-fueling procedures, with emphasis on what a totally full tank should look like, and some way to verify when the aircraft had been fueled, and exactly how much was loaded. As in many small airplanes, the fuel gauges were totally unreliable, but we were timing our fuel as I always do, and we were right on track with our planned flight time.

**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**02/28/2018*mm/dd/yyyy***Signature and Name of Pilot/Operator**

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

Type or Print Name: David E. Howell**Signature and Name of Person Filing Report if Other than Pilot/Operator**

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

Type or Print Name: \_\_\_\_\_

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

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**CEN18CA085**Reviewed by NTSB Regional Office**DENVER,COLORADO**Name of Investigator**ARNOLD W. SCOTT**Date Report Received**03/01/2018