

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

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

## BASIC INFORMATION

|                                                                                                                                                                                                                                                                        |  |                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>BE665</u> State: <u>OK</u><br>ZIP: <u>74421</u> Country: <u>USA</u><br>Latitude: <u>35-47-37.0N</u> Longitude: <u>096-01-47.0W</u><br><small>(Enter in decimal degrees or degrees:minutes:seconds)</small> |  | <b>Accident/Incident Date/Time</b><br>Date: <u>3/21/2018</u> Local Time: <u>5:45 P.M.</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>CENTRAL</u> |  |
| <b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None                                                                                                                               |  |                                                                                                                                                     |  |

## AIRCRAFT INFORMATION

|                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registration Number:</b> <u>N226JK</u><br><b>Manufacturer:</b> <u>CUB CRAFTERS</u><br><b>Model:</b> <u>PA18-150</u><br><b>Serial Number:</b> <u>9965CC</u><br><b>Year of Manufacture:</b> <u>2004</u> |  | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft                                                                                                                     |  |
| <b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____                         |  | <b>Maximum Gross Weight:</b> <u>2000</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>1878</u> lbs<br><b>Number of Seats:</b> <u>2</u> Flight Crew Seats: <u>1</u><br>Cabin Crew Seats: <u>1</u> Passenger Seats: <u>1</u><br><b>Number of Engines:</b> <u>1</u> |  |

| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><small>(Check all that apply)</small><br><table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |         | Standard | Special | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input checked="" type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input checked="" 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"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |  | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|---------|--------------------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------------|------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------------------|--|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                      | Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Special |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Normal                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Restricted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Aerobatic                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Balloon                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Commuter                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Special Flight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Transport                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Experimental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Special Light-Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Experimental Light-Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                             |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Engine | Engine Manufacturer     | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br><small>mm/dd/yyyy</small> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|-------------------------|---------------------|------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>TEXTRON LYCOMING</u> | <u>O-360-C4P</u>    | <u>L-39243-36A</u>           | <u>7-23-03</u>                            | <u>180</u>                                                                                           | <u>958.4</u>          | <u>2.3</u>                           |                     |
| Eng. 2 |                         |                     |                              |                                           |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                         |                     |                              |                                           |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                         |                     |                              |                                           |                                                                                                      |                       |                                      |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> <u>02/07/2018</u><br><small>mm/dd/yyyy</small><br><b>Airframe Total Time:</b> <u>958.4</u> hrs<br>hours measured at (Select one)<br><input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident |  | <b>Propeller 1</b> <input checked="" type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>McCAYLEY</u><br>Model: <u>1A200/FA 8241</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Propeller 2</b> <input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____                                                                                                                                                    |  | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes:<br>ELT Manufacturer: <u>ACK</u><br>Model or Part No.: <u>E-01</u><br>TSO No.: <input type="radio"/> C91 (121.5 MHz) <input checked="" type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If activated:<br>Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input type="checkbox"/> Unknown |  | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input checked="" type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |  |
| <b>Description of Fire Extinguishing System</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Specify: _____                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: ROBERT M. SHARPCity: JENKS  
State: OK ZIP: 74037Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

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

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

(Select one for each group)

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

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

(Select one)

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

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: EAGLE CREEK AIRPORT  
Airport Identifier: 51OK  
Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0.1 sm  
Direction From Airport: — degrees true  
Airport Elevation: 740 ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 1800 ft Width: 50 ft**Runway/Landing Surface (Check all that apply)**

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

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

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

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

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

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

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

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

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

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

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

**"Flight Crewmember 1" Identification**

First Name: ROBERT M. SHARP

City of Residence: JENKS

Middle Initial: M.

State: OK ZIP: 74097

Last Name: SHARP

Country: USA

Age at time of Accident/Incident: 64 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

**Degree of Injury**

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

**Seat Occupied**

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

**Restraint Type****Available**

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

**Used**

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

**Inflatable Restraints**

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

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

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

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

08/31/2017  
mm/dd/yyyy

**Medical Certificate Limitations**

CORRECTIVE LENSES

**Medical Certificate Special Issuance**

STATEMENT OF DEMONSTRATED ABILITY (SODA)  
WAIVER SERIAL NO. [REDACTED] - DEFECTIVE COLOR VISION

Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks: 12-02-2017  
mm/dd/yyyy

**Flight Review Aircraft**

Make: CUB CRAFTERS  
Model: PA18-150

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

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

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

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

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

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

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

☒ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift

☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

**Type Ratings****Student Endorsements** (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft   | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night       | Instrument |            | Rotorcraft | Glider   | Lighter Than Air |
|-------------------------------------------------------------|----------------|-------------------|------------------------|----------------------|-------------|------------|------------|------------|----------|------------------|
|                                                             |                |                   |                        |                      |             | Actual     | Simulated  |            |          |                  |
| Total Time                                                  | <u>1,849.1</u> | <u>1,197.9</u>    | <u>1,822.5</u>         | <u>26.6</u>          | <u>86.4</u> | <u>0</u>   | <u>3.0</u> | <u>-</u>   | <u>-</u> | <u>-</u>         |
| Pilot in Command (PIC)                                      | <u>1,797.9</u> | <u>1,127.9</u>    | <u>1,795.9</u>         | <u>16.6</u>          | <u>84.4</u> | <u>0</u>   | <u>0</u>   | <u>-</u>   | <u>-</u> | <u>-</u>         |
| Time as Instructor                                          | <u>0</u>       | <u>0</u>          | <u>0</u>               | <u>0</u>             | <u>0</u>    | <u>0</u>   | <u>0</u>   | <u>-</u>   | <u>-</u> | <u>-</u>         |
| This Make/Model                                             |                |                   |                        |                      | <u>50.0</u> | <u>0</u>   | <u>0</u>   |            |          |                  |
| Last 90 Days                                                | <u>5.5</u>     | <u>3.2</u>        | <u>5.5</u>             | <u>0</u>             | <u>0</u>    | <u>0</u>   | <u>0</u>   | <u>-</u>   | <u>-</u> | <u>-</u>         |
| Last 30 Days                                                | <u>2.3</u>     | <u>2.3</u>        | <u>2.3</u>             | <u>0</u>             | <u>0</u>    | <u>0</u>   | <u>0</u>   | <u>-</u>   | <u>-</u> | <u>-</u>         |
| Last 24 Hours                                               | <u>0.1</u>     | <u>0.1</u>        | <u>0.1</u>             | <u>0</u>             | <u>0</u>    | <u>0</u>   | <u>0</u>   | <u>-</u>   | <u>-</u> | <u>-</u>         |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

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

**"Flight Crewmember 2" Identification**

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

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

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

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

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

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

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

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

**Degree of Injury**

☐ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

**Seat Occupied**

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

**Restraint Type****Available**

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

**Used**

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

**Inflatable Restraints**

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

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

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

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

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

**Medical Certificate Limitations****Medical Certificate Special Issuance****Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**

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

**Flight Review Aircraft**

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

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

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

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

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

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

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

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

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

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

**Type Ratings****Student Endorsements** (Include dates)**Flight Time** (Enter appropriate  
number of hours in each box)

All  
Aircraft

This Make  
& Model

Airplane  
Single  
Engine

Airplane  
Multiengine

Night

**Instrument**

Actual

Simulated

Rotorcraft

Glider

Lighter  
Than Air

|                        |  |  |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|--|--|
| Total Time             |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor     |  |  |  |  |  |  |  |  |  |  |
| This Make/Model        |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days           |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days           |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours          |  |  |  |  |  |  |  |  |  |  |

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

| Crew Name and Address                                                                                                   |                                            | Seat Occupied                                                             | Injury                         |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------|
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left <input type="radio"/> Front                    | <input type="radio"/> None     |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center <input type="radio"/> Rear                   | <input type="radio"/> Minor    |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right <input type="radio"/> Single                  | <input type="radio"/> Serious  |
|                                                                                                                         |                                            | <input type="radio"/> Unknown                                             | <input type="radio"/> Fatal    |
|                                                                                                                         |                                            |                                                                           | <input type="radio"/> Unknown  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                    | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <b>Available</b>                                                          | <b>Used</b>                    |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="radio"/> None                                                | <input type="radio"/> None     |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="radio"/> Lap Only                                            | <input type="radio"/> Lap Only |
|                                                                                                                         |                                            | <input type="radio"/> 3-point                                             | <input type="radio"/> 3-point  |
|                                                                                                                         |                                            | <input type="radio"/> 4-point                                             | <input type="radio"/> 4-point  |
|                                                                                                                         |                                            | <input type="radio"/> 5-point                                             | <input type="radio"/> 5-point  |
|                                                                                                                         |                                            | <input type="radio"/> Unknown                                             | <input type="radio"/> Unknown  |
| <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 |                                |

| Crew Name and Address                                                                                                   |                                            | Seat Occupied                                                             | Injury                         |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------------------|
| First Name: _____                                                                                                       | City of Residence: _____                   | <input type="radio"/> Left <input type="radio"/> Front                    | <input type="radio"/> None     |
| Middle Initial: _____                                                                                                   | State: _____ ZIP: _____                    | <input type="radio"/> Center <input type="radio"/> Rear                   | <input type="radio"/> Minor    |
| Last Name: _____                                                                                                        | Country: _____                             | <input type="radio"/> Right <input type="radio"/> Single                  | <input type="radio"/> Serious  |
|                                                                                                                         |                                            | <input type="radio"/> Unknown                                             | <input type="radio"/> Fatal    |
|                                                                                                                         |                                            |                                                                           | <input type="radio"/> Unknown  |
| <b>Pilot Certificate(s)</b> (Check all that apply)                                                                      |                                            | <b>Restraint Type:</b>                                                    | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None                                                                                           | <input type="checkbox"/> Flight Instructor | <b>Available</b>                                                          | <b>Used</b>                    |
| <input type="checkbox"/> Private                                                                                        | <input type="checkbox"/> Recreational      | <input type="radio"/> None                                                | <input type="radio"/> None     |
| <input type="checkbox"/> Student                                                                                        | <input type="checkbox"/> Sport             | <input type="radio"/> Lap Only                                            | <input type="radio"/> Lap Only |
|                                                                                                                         |                                            | <input type="radio"/> 3-point                                             | <input type="radio"/> 3-point  |
|                                                                                                                         |                                            | <input type="radio"/> 4-point                                             | <input type="radio"/> 4-point  |
|                                                                                                                         |                                            | <input type="radio"/> 5-point                                             | <input type="radio"/> 5-point  |
|                                                                                                                         |                                            | <input type="radio"/> Unknown                                             | <input type="radio"/> Unknown  |
| <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 cabin crew; continue on separate sheet if necessary)

| Name and Address                                                                                  | Seat                          | Injury                                | Restraint Type                           | Inflatable Restraints                    | Age                                      |
|---------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| First Name: <u>BENJAMIN</u> City: <u>SAND SPRING</u>                                              | <u>REAR</u>                   | <input checked="" type="radio"/> None | <b>Available</b>                         | <b>Used</b>                              | <input type="checkbox"/> Under 5 years   |
| Middle Initial: <u>T.</u> State: <u>OK</u> ZIP: <u>74063</u>                                      | <input type="radio"/> Left    | <input type="radio"/> Minor           | <input type="radio"/> None               | <input type="radio"/> None               | <input type="checkbox"/> If Under 5,     |
| Last Name: <u>THRESHER</u> Country: <u>USA</u>                                                    | <input type="radio"/> Center  | <input type="radio"/> Serious         | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only           | <input type="checkbox"/> Child Restraint |
|                                                                                                   | <input type="radio"/> Right   | <input type="radio"/> Fatal           | <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point | <input type="checkbox"/> Lap-Held        |
|                                                                                                   | <input type="radio"/> Unknown | <input type="radio"/> Unknown         | <input type="radio"/> 4-point            | <input type="radio"/> 4-point            | <input type="checkbox"/> Unknown         |
| <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other | Row: _____                    |                                       | <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |                                          |
|                                                                                                   |                               |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |                                          |
| First Name: _____ City: _____                                                                     | <input type="radio"/> Left    | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                              | <input type="checkbox"/> Under 5 years   |
| Middle Initial: _____ State: _____ ZIP: _____                                                     | <input type="radio"/> Center  | <input type="radio"/> Minor           | <input type="radio"/> None               | <input type="radio"/> None               | <input type="checkbox"/> If Under 5,     |
| Last Name: _____ Country: _____                                                                   | <input type="radio"/> Right   | <input type="radio"/> Serious         | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only           | <input type="checkbox"/> Child Restraint |
|                                                                                                   | <input type="radio"/> Unknown | <input type="radio"/> Fatal           | <input type="radio"/> 3-point            | <input type="radio"/> 3-point            | <input type="checkbox"/> Lap-Held        |
|                                                                                                   |                               | <input type="radio"/> Unknown         | <input type="radio"/> 4-point            | <input type="radio"/> 4-point            | <input type="checkbox"/> Unknown         |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other            | Row: _____                    |                                       | <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |                                          |
|                                                                                                   |                               |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |                                          |
| First Name: _____ City: _____                                                                     | <input type="radio"/> Left    | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                              | <input type="checkbox"/> Under 5 years   |
| Middle Initial: _____ State: _____ ZIP: _____                                                     | <input type="radio"/> Center  | <input type="radio"/> Minor           | <input type="radio"/> None               | <input type="radio"/> None               | <input type="checkbox"/> If Under 5,     |
| Last Name: _____ Country: _____                                                                   | <input type="radio"/> Right   | <input type="radio"/> Serious         | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only           | <input type="checkbox"/> Child Restraint |
|                                                                                                   | <input type="radio"/> Unknown | <input type="radio"/> Fatal           | <input type="radio"/> 3-point            | <input type="radio"/> 3-point            | <input type="checkbox"/> Lap-Held        |
|                                                                                                   |                               | <input type="radio"/> Unknown         | <input type="radio"/> 4-point            | <input type="radio"/> 4-point            | <input type="checkbox"/> Unknown         |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other            | Row: _____                    |                                       | <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |                                          |
|                                                                                                   |                               |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |                                          |
| First Name: _____ City: _____                                                                     | <input type="radio"/> Left    | <input type="radio"/> None            | <b>Available</b>                         | <b>Used</b>                              | <input type="checkbox"/> Under 5 years   |
| Middle Initial: _____ State: _____ ZIP: _____                                                     | <input type="radio"/> Center  | <input type="radio"/> Minor           | <input type="radio"/> None               | <input type="radio"/> None               | <input type="checkbox"/> If Under 5,     |
| Last Name: _____ Country: _____                                                                   | <input type="radio"/> Right   | <input type="radio"/> Serious         | <input type="radio"/> Lap Only           | <input type="radio"/> Lap Only           | <input type="checkbox"/> Child Restraint |
|                                                                                                   | <input type="radio"/> Unknown | <input type="radio"/> Fatal           | <input type="radio"/> 3-point            | <input type="radio"/> 3-point            | <input type="checkbox"/> Lap-Held        |
|                                                                                                   |                               | <input type="radio"/> Unknown         | <input type="radio"/> 4-point            | <input type="radio"/> 4-point            | <input type="checkbox"/> Unknown         |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other            | Row: _____                    |                                       | <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |                                          |
|                                                                                                   |                               |                                       | <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |                                          |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                         |                                                                           |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>510K</u><br>City: <u>BEGGS</u><br>State: <u>OK</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>5:45 PM</u><br>Time Zone: <u>UTC</u> | <b>Destination</b><br>Airport ID: <u>510K</u><br>City: <u>BEGGS</u><br>State: <u>OK</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                              |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |  | <b>Altitude of In-Flight Occurrence:</b><br><u>75</u> ft msl |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input checked="" type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                        | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                               |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>UNLIMITED</u> ft agl |
| <b>Temperature:</b> _____ (C) or <u>60°</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>32°</u> (F)<br><b>Altimeter Setting:</b> <u>30.19</u> in. Hg<br>or _____ MB                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |

|                                                                                                          |                                                                                                                                  |                                                                                                  |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>350</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>4</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>752</u> ft |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount Type<br><input checked="" type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Icing Actual</b><br>Amount Type<br><input checked="" type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply) Severity<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

NONE

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

- ☐ None ☒ Substantial  
☐ Minor ☐ Destroyed  
☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

MAIN GEAR COLLAPSED - BOTH WINGS BENT DOWNWARD  
PROPELLER - BOTH BLADES BENT - ENGINE COWLING BENT  
CARBURETOR PUSHED BACK - FRONT WINDSHIELD BROKE -  
WING STRUTS COLLAPSED - AIR BOX TORN OFF  
MAIN FRAME BENT - NO PROPERTY DAMAGE

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

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

A ROUTINE PLEASURE FLIGHT WAS PLANNED FOR PILOT (ROBERT SHARP) AND PASSENGER. WEATHER CONDITIONS WERE GOOD (CLEAR WITH LIGHT NORTH WIND). I HAD FLOWN THE AIRCRAFT 4 DAYS EARLIER (3-17-18) FOR 1.2 HOURS. WE PUSHED AIRPLANE OUT OF HANGAR, CHECKED THE FUEL WHICH WAS ABOUT 10 GALLONS IN RIGHT TANK & ABOUT 10 GALLONS IN LEFT TANK. I DECIDED TO ADD 10 GALLONS TO THE LEFT TANK, BRINGING THE TOTAL FUEL ON BOARD TO 30 GALLONS OF 100 LL. WE DID A VISUAL INSPECTION OF AIRPLANE AND BOARDED AT APPROXIMATELY 5:35 P.M. THE START UP AND TAXI TO THE DEPARTURE END OF RUNWAY 35 WAS NORMAL. AFTER A STANDARD RUNUP AND MAG CHECK A TAKE OFF WAS MADE AT 5:45. TAKE OFF WAS NORMAL; HOWEVER, ABOUT 50 FEET INTO THE CLIMB THE ENGINE LOST POWER. THERE WAS NOT ROOM TO LAND ON THE RUNWAY AND LARGE TREES WERE JUST PAST THE RUNWAY. A LEFT TURN WAS MADE TO A CLEAR AREA. (CONTINUED ON PAGE 11)

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

Operator/Owner Safety Recommendation

IT IS MY CONCLUSION AFTER REVIEW AND TALKING TO QUALIFIED AUTHORITIES THAT THE ENGINE FAILED DUE TO FUEL STARVATION. ALTHOUGH THE FUEL SELECTOR WAS VISUALLY CHECKED DURING THE RUMUP AND WAS POINTING TO BOTH. IT MAY HAVE NOT BEEN LOCKED INTO THE DETENT POSITION FOR THE FUEL FLOW TO BE FULLY ON. MY RECOMMENDATION IS TO PUT YOUR HAND ON THE FUEL SELECTOR KNOB AND FEEL IT LOCK INTO THE DETENT POSITION PRIOR TO TAKE OFF.

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

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

Total Time/Cycles  
On Part

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

Time Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

30

Gallons

Fuel Type

☐ 80/87

☐ 115/145

☐ Jet B

☐ Other, specify \_\_\_\_\_

☐ 100 Low Lead

☐ Jet A

☐ JP8

☒ 100/130

☐ Jet A-1

☐ Automotive

Other Services, if Any, Prior to Departure

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

BOTH PILOT AND PASSENGER EXITED THE RIGHT HAND DOOR.

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

Aircraft Registration Number

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

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

Damage to Other Aircraft

☐ Destroyed

☐ Minor

☐ Substantial

☐ None

Registered Owner of Other Aircraft

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

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

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

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

Pilot of Other Aircraft

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

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

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

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

THE ENGINE RAN FOR ABOUT 5 SECONDS  
AND LOST POWER AGAIN.

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

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

THE INITIAL THOUGHT & PLAN WAS TO LAND, BUT THE ENGINE REGAINED POWER AND THE DECISION TO LAND WAS ABANDONED. AT THIS POINT WE WERE AT ABOUT 50 FEET AND SLOW. A LEFT TURN WAS MADE TO AVOID TREES. WE HIT THE GROUND IN A LARGE DITCH WHICH CAUSED THE MAIN GEAR TO TOTALLY COLLAPSE. THE DITCH KILLED MOST OF OUR FORWARD MOMENTUM AND WE SLIP ABOUT 50 FEET. WE CAME TO A STOP ON THE TAKE OFF END OF RUNWAY 08 AT EAGLE CREEK AIRPORT (510K). THERE WAS NO FIRE AND NO VISIBLE LEAKAGE OF FUEL. THE MASTER SWITCH AND ALL SWITCHES WERE TURNED OFF. THE ELT THAT HAD ACTIVATED WAS ALSO TURNED OFF. THE PASSENGER AND I EXITED THE AIRCRAFT THROUGH THE RIGHT DOOR. THE PASSENGER INDICATED THAT HE HAD NO INJURIES AND I HAD NO INJURIES OTHER THAN A SPRAINED LEFT ANKLE.

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

Date of this Report  
03/26/2018  
mm/dd/yyyy

Name of Pilot/Operator: ROBERT M. SHARY

Signature: [REDACTED]

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

If a Person Other than Pilot/Operator is Filing Report

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

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

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

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
CEN18LA125

Reviewed by NTSB Regional Office  
Central Region

Name of Investigator  
T. Sorensen

Date Report Received  
26 March 2018