

# 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

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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Valparasio (KVPZ)</u> State: <u>IN</u><br>ZIP: <u>46383</u> Country: <u>USA</u><br>Latitude: _____ Longitude: _____<br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | <b>Accident/Incident Date/Time</b><br>Date: <u>05/08/2018</u> Local Time: <u>14:15</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>EST</u><br><b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |
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## AIRCRAFT INFORMATION

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| <b>Registration Number:</b> <u>N99GN</u><br><b>Manufacturer:</b> <u>Piper</u><br><b>Model:</b> <u>PA-34-200</u><br><b>Serial Number:</b> <u>34-7250030</u><br><b>Year of Manufacture:</b> <u>1972</u><br><b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____ | <input checked="" type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br><b>Maximum Gross Weight:</b> <u>4200</u> lbs<br><b>Weight at Time of Accident/Incident:</b> _____ lbs<br><b>Number of Seats:</b> <u>6</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: _____ Passenger Seats: <u>4</u><br><b>Number of Engines:</b> <u>2</u> |
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| <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><i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">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 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 type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Retractable<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> 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 type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected |
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| 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 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><i>mm dd yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | IO-360-C1E6         | L-8347-51A                   |                                   | 200                                                                                                  | 8573.4                | 89.2                                 | 2089.4              |
| Eng. 2 | Lycoming            | LIO-360-C1E6        | L-139-67A                    |                                   | 200                                                                                                  | 8573.4                | 89.2                                 | 2089.4              |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

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| <b>Last Inspection Type</b><br><input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> <u>04/02/2018</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>8558.6</u> hrs<br>hours measured at <i>(Select one)</i><br><input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident | <b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: <u>Hartzell</u><br>Model: <u>HC-C2YK-2CLGUF</u><br><b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: <u>Hartzell</u><br>Model: <u>HC-C2YK-2CLGUF</u>                                                                                                                                                                                                                                                                                                                                                                                  | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If Yes:</i><br>ELT Manufacturer: <u>Narco</u><br>Model or Part No.: <u>ELT 10</u><br>TSO No.: <input checked="" type="radio"/> C91 (121.5 MHz) <input 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 type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If activated:</i><br>Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If not activated:</i><br>Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown |
| <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>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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Griffith Aviation Inc</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City: <u>Griffith</u><br>State: <u>IN</u> ZIP: <u>46319</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input checked="" type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                               | <b>Regulation Flight Conducted Under</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> FAR 91<br/> <input type="radio"/> FAR 103<br/> <input type="radio"/> FAR 121<br/> <input type="radio"/> FAR 125 </div> <div style="width: 33%;"> <input type="radio"/> FAR 129<br/> <input type="radio"/> FAR 133<br/> <input type="radio"/> FAR 135<br/> <input type="radio"/> FAR 137 </div> <div style="width: 33%;"> <input type="radio"/> FAR 415<br/> <input type="radio"/> FAR 431<br/> <input type="radio"/> FAR 435<br/> <input type="radio"/> FAR 437 </div> </div> <input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International </div> </div><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> Aerial Application<br/> <input type="radio"/> Aerial Observation<br/> <input type="radio"/> Air Drop<br/> <input type="radio"/> Air Race/Show<br/> <input type="radio"/> Banner Tow<br/> <input type="radio"/> Business<br/> <input type="radio"/> Executive/Corporate<br/> <input type="radio"/> External Load<br/> <input type="radio"/> Ferry </div> <div style="width: 33%;"> <input type="radio"/> Firefighting<br/> <input type="radio"/> Flight Test<br/> <input type="radio"/> Glider Tow<br/> <input checked="" type="radio"/> Instructional<br/> <input type="radio"/> Other Work Use<br/> <input type="radio"/> Personal<br/> <input type="radio"/> Positioning<br/> <input type="radio"/> Skydiving </div> <div style="width: 33%;"> <input type="radio"/> Unknown </div> </div>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Airport Name: <u>Porter County Airport</u><br>Airport Identifier: <u>KVPZ</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Distance From Airport Center: _____ sm<br>Direction From Airport: _____ degrees true<br>Airport Elevation: <u>770</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Runway Information</b><br>Runway ID: <u>27</u> (L/R/C) Length: <u>7001</u> ft Width: <u>150</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown </div> </div> |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Asphalt<br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt </div> <div style="width: 33%;"> <input type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input type="checkbox"/> Ice </div> <div style="width: 33%;"> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input type="checkbox"/> Snow </div> <div style="width: 33%;"> <input type="checkbox"/> Water<br/> <input type="checkbox"/> Unknown </div> </div>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach<br/> <input type="radio"/> Landing </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input checked="" type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown </div> </div>                                     |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN </div> <div style="width: 33%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input checked="" type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV </div> <div style="width: 33%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Practice<br/> <input type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown </div> </div>                                                                                                                                                                                                        |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input checked="" type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Gang</u><br/>           Middle Initial: _____<br/>           Last Name: <u>Li</u> </div> <div>           City of Residence: <u>Crown Point</u><br/>           State: <u>IN</u>    ZIP: <u>46307</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>23</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small></div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                             |                        |                                                                                                                                                                                                                            | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                                |                        |                                                                                                                                                                                                                            | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <b>Date of Last Medical</b><br><u>04/28/2017</u><br><small>mm/dd/yyyy</small>                                                                                                                                                             |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Medical Certificate Limitations</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Medical Certificate Special Issuance</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>02/18/2018</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                            |                        | <b>Flight Review Aircraft</b><br>Make: <u>Piper</u><br>Model: <u>PA-28-161</u>                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | <b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <b>Type Ratings</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Student Endorsements</b> <i>(Include dates)</i><br>Act as PIC without appropriate Category/Class Rating -                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>204</td> <td>25</td> <td>179</td> <td>25</td> <td>9</td> <td>0</td> <td>38</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>151</td> <td>15</td> <td>136</td> <td>15</td> <td>0</td> <td>0</td> <td>29</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>120</td> <td>25</td> <td>95</td> <td>25</td> <td>5</td> <td></td> <td>13</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>25</td> <td>25</td> <td>1</td> <td>25</td> <td>5</td> <td></td> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>8</td> <td>8</td> <td>0</td> <td>8</td> <td>2</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 204 | 25 | 179 | 25 | 9 | 0 | 38 |  |  |  | Pilot in Command (PIC) | 151 | 15 | 136 | 15 | 0 | 0 | 29 |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  | 5 |  | 5 |  |  |  | Last 90 Days | 120 | 25 | 95 | 25 | 5 |  | 13 |  |  |  | Last 30 Days | 25 | 25 | 1 | 25 | 5 |  | 5 |  |  |  | Last 24 Hours | 8 | 8 | 0 | 8 | 2 |  | 0 |  |  |  |
| Flight Time <i>(Enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                          | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                       | Night                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | Rotorcraft                                                                                                                                                                                                                                | Glider | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simulated |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 204          | 25                                                                                                                                                                                                                                                                                                                                         | 179                    | 25                                                                                                                                                                                                                         | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 38        |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 151          | 15                                                                                                                                                                                                                                                                                                                                         | 136                    | 15                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 29        |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                            | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5         |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 120          | 25                                                                                                                                                                                                                                                                                                                                         | 95                     | 25                                                                                                                                                                                                                         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13        |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25           | 25                                                                                                                                                                                                                                                                                                                                         | 1                      | 25                                                                                                                                                                                                                         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5         |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8            | 8                                                                                                                                                                                                                                                                                                                                          | 0                      | 8                                                                                                                                                                                                                          | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0         |                                                                                                                                                                                                                                           |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |    |   |   |    |  |  |  |                        |     |    |     |    |   |   |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |  |   |  |  |  |              |     |    |    |    |   |  |    |  |  |  |              |    |    |   |    |   |  |   |  |  |  |               |   |   |   |   |   |  |   |  |  |  |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>"Flight Crewmember 2" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Onsy</u><br/>           Middle Initial: _____<br/>           Last Name: <u>Fahmy</u> </div> <div>           City of Residence: <u>Algonquin</u><br/>           State: <u>IL</u>    ZIP: <u>60102</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>54</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small></div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input checked="" type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                   | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                           |                      |       | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  |   |   |  |  |  |  |              |     |    |    |    |    |   |   |  |  |  |              |    |    |    |    |    |   |   |  |  |  |               |   |   |   |   |   |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student             </div> <div> <input checked="" type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport             </div> <div> <input checked="" type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer             </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign             </div> </div>                                                                                                                                                                                                                                                                                                                                   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                                                                   |                      |       | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                           |           | <b>Date of Last Medical</b><br><u>10/02/2017</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  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| <b>Medical Certificate Limitations</b><br>Must wear corrective lenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>Medical Certificate Special Issuance</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>10/09/2017</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                   |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                      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| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                      |       | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                               |           | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport             </div> |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  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| <b>Type Ratings</b><br>None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                   |                      |       | <b>Student Endorsements (Include dates)</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  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| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">2,093</td> <td style="padding: 5px;">94</td> <td style="padding: 5px;">1,561</td> <td style="padding: 5px;">532</td> <td style="padding: 5px;">447</td> <td style="padding: 5px;">150</td> <td style="padding: 5px;">164</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">1,945</td> <td style="padding: 5px;">94</td> <td style="padding: 5px;">1,429</td> <td style="padding: 5px;">516</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">311</td> <td style="padding: 5px;">38</td> <td style="padding: 5px;">264</td> <td style="padding: 5px;">47</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">9</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">127</td> <td style="padding: 5px;">38</td> <td style="padding: 5px;">88</td> <td style="padding: 5px;">39</td> <td style="padding: 5px;">13</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">55</td> <td style="padding: 5px;">14</td> <td style="padding: 5px;">40</td> <td style="padding: 5px;">15</td> <td style="padding: 5px;">11</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">2</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table> |              |                   |                                                                                                                                                                                                                                                                                                                          |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 2,093 | 94 | 1,561 | 532 | 447 | 150 | 164 |  |  |  | Pilot in Command (PIC) | 1,945 | 94 | 1,429 | 516 |  |  |  |  |  |  | Time as Instructor | 311 | 38 | 264 | 47 |  |  |  |  |  |  | This Make/Model |  |  |  |  | 9 | 2 |  |  |  |  | Last 90 Days | 127 | 38 | 88 | 39 | 13 | 1 | 2 |  |  |  | Last 30 Days | 55 | 14 | 40 | 15 | 11 | 1 | 2 |  |  |  | Last 24 Hours | 7 | 7 | 0 | 7 | 2 |  |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                              | Glider                                                                                                                                                                                                                                    | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  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| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                   | 47                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                      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|   |   |  |  |  |  |              |     |    |    |    |    |   |   |  |  |  |              |    |    |    |    |    |   |   |  |  |  |               |   |   |   |   |   |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                   |                      | 9     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                      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| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                   | 39                   | 13    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  |   |   |  |  |  |  |              |     |    |    |    |    |   |   |  |  |  |              |    |    |    |    |    |   |   |  |  |  |               |   |   |   |   |   |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                   | 15                   | 11    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  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| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7            | 7                 | 0                                                                                                                                                                                                                                                                                                                        | 7                    | 2     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |    |       |     |     |     |     |  |  |  |                        |       |    |       |     |  |  |  |  |  |  |                    |     |    |     |    |  |  |  |  |  |  |                 |  |  |  |  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| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                         |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Crew Name and Address<br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      | Seat Occupied<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right</div><div><input type="radio"/> Front<br/><input type="radio"/> Rear<br/><input type="radio"/> Single<br/><input type="radio"/> Unknown</div></div>                                                                                                                                                                                                            |  | Injury<br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |                                                                                                                                                                          |
| Pilot Certificate(s) (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> None<br/><input type="checkbox"/> Private<br/><input type="checkbox"/> Student</div><div style="width: 50%;"><input type="checkbox"/> Flight Instructor<br/><input type="checkbox"/> Recreational<br/><input type="checkbox"/> Sport</div><div style="width: 50%;"><input type="checkbox"/> Commercial<br/><input type="checkbox"/> Airline Transport<br/><input type="checkbox"/> Flight Engineer</div><div style="width: 50%;"><input type="checkbox"/> US Military<br/><input type="checkbox"/> Foreign</div></div> |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      | Restraint Type:<br><div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div> |  | Inflatable Restraints<br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                          |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                         | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                         |                                                                                                                                                                          |
| Crew Name and Address<br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      | Seat Occupied<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right</div><div><input type="radio"/> Front<br/><input type="radio"/> Rear<br/><input type="radio"/> Single<br/><input type="radio"/> Unknown</div></div>                                                                                                                                                                                                            |  | Injury<br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |                                                                                                                                                                          |
| Pilot Certificate(s) (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> None<br/><input type="checkbox"/> Private<br/><input type="checkbox"/> Student</div><div style="width: 50%;"><input type="checkbox"/> Flight Instructor<br/><input type="checkbox"/> Recreational<br/><input type="checkbox"/> Sport</div><div style="width: 50%;"><input type="checkbox"/> Commercial<br/><input type="checkbox"/> Airline Transport<br/><input type="checkbox"/> Flight Engineer</div><div style="width: 50%;"><input type="checkbox"/> US Military<br/><input type="checkbox"/> Foreign</div></div> |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      | Restraint Type:<br><div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div> |  | Inflatable Restraints<br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                          |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                         | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                         |                                                                                                                                                                          |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                         |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                         |                                                                                                                                                                          |
| Name and Address<br>First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Crew</div><div><input type="radio"/> Passenger</div><div><input type="radio"/> Other</div></div>                                                                                                                                                                                                                                                                                                                                    |  | Seat<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right<br/><input type="radio"/> Unknown</div><div>Row: _____</div></div> | Injury<br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Restraint Type<br><div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div>  |  | Inflatable Restraints<br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | Age<br><input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Crew</div><div><input type="radio"/> Passenger</div><div><input type="radio"/> Other</div></div>                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right<br/><input type="radio"/> Unknown</div><div>Row: _____</div></div>         | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown           | <div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div>                    |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                          | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown        |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Crew</div><div><input type="radio"/> Passenger</div><div><input type="radio"/> Other</div></div>                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right<br/><input type="radio"/> Unknown</div><div>Row: _____</div></div>         | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown           | <div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div>                    |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                          | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown        |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Crew</div><div><input type="radio"/> Passenger</div><div><input type="radio"/> Other</div></div>                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"><div><input type="radio"/> Left<br/><input type="radio"/> Center<br/><input type="radio"/> Right<br/><input type="radio"/> Unknown</div><div>Row: _____</div></div>         | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown           | <div style="display: flex; justify-content: space-between;"><div>Available<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div><div>Used<br/><input type="radio"/> None<br/><input type="radio"/> Lap Only<br/><input type="radio"/> 3-point<br/><input type="radio"/> 4-point<br/><input type="radio"/> 5-point<br/><input type="radio"/> Unknown</div></div>                    |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                          | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown        |

|                             |                          |                        |                                                                                             |
|-----------------------------|--------------------------|------------------------|---------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b> | <b>Time of Departure</b> | <b>Destination</b>     | <b>Type Flight Plan Filed</b>                                                               |
| Airport ID: <u>05C</u>      | Time: <u>1000</u>        | Airport ID: <u>05C</u> | <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR                         |
| City: <u>Griffith</u>       |                          | City: <u>Griffith</u>  | <input type="radio"/> Company VFR <input type="radio"/> IFR                                 |
| State: <u>IN</u>            | Time Zone: <u>CST</u>    | State: <u>IN</u>       | <input type="radio"/> Military VFR <input type="radio"/> Unknown                            |
| Country: <u>USA</u>         |                          | Country: <u>USA</u>    | <input type="radio"/> VFR                                                                   |
|                             |                          |                        | Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |

☒ None
 ☐ Special VFR
 ☐ Special IFR
 ☐ VFR Flight Following
 ☐ Cruise

☐ VFR
 ☐ IFR
 ☐ VFR On Top
 ☐ Traffic Advisory
 ☐ Unknown / NA

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

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

☒ VMC  
☐ IMC  
☐ Unknown

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

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

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

ft agl

ft agl

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

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

□ Variable

-or-  
Direction:                      degrees true

☐ Calm  
☐ Light and Variable

-or-  
Speed: \_\_\_\_\_ kts

☐ Not Gusting

-0r-

Speed: kts

|                   |       |
|-------------------|-------|
| <b>Visibility</b> | miles |
|-------------------|-------|

RVR:                      feet

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

Density Altitude: \_\_\_\_\_ ft

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

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

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

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

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

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

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft suffered extensive damage to nose, right & left wings, aft fuselage, engine nacelles/mounts and stabilator.

**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.

Aircraft left 05C with an instructor and student on a training flight. They departed to the practice area to practice maneuvers and practice approaches. They did 2 practice approaches and on the second approach during the go-around phase they lost control and made contact with the ground where it came to a rest.

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

Operator/Owner Safety Recommendation

Further training on the importance of airspeed when operating Single Engine. As well as a further understanding of Vmc and specifically transitioning from idle power to full power on the operating engine.

**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  
\_\_\_\_ CyclesTime Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

98 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

**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 pilots exited through main cabin door

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

Aircraft Registration Number

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

Damage to Other Aircraft

☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

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

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

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

**Date of this Report**

05/14/2018  
mm/dd/yyyy

**Name of Pilot/Operator:** Griffith Aviation, Inc. Craig Anderson, Vice President**Signature:** 

-- or --

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report****Name:** \_\_\_\_\_**Title:** \_\_\_\_\_**Signature:** \_\_\_\_\_

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

CEN18LA165

**Reviewed by NTSB Regional Office**

Denver, CO

**Name of Investigator**

Aguilera

**Date Report Received**

15 May 18