

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: TeKamah State: Ne

ZIP: 68061 Country: USA

Latitude: N41°45.81' Longitude: W96°13.70'

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 05/28/2018 Local Time: 9:30 A.M.  
mm/dd/yyyy

Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: N47252

Manufacturer: Aeronca Aircraft Corp

Model: O-58B

Serial Number: 9843

Year of Manufacture: 1944

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

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

Maximum Gross Weight: 1260 lbs

Weight at Time of Accident/Incident: 1250 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

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

#### Special

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

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

### Landing Gear

(Check all that apply)

☐ Retractable

☐ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☒ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| Eng. 1 | Continental         | O-170-3             | 5337                         |                         | 65                                                                                                   |                    | 1 704                                           |
| Eng. 2 |                     |                     |                              |                         |                                                                                                      |                    |                                                 |
| Eng. 3 |                     |                     |                              |                         |                                                                                                      |                    |                                                 |
| Eng. 4 |                     |                     |                              |                         |                                                                                                      |                    |                                                 |

### Last Inspection Type

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

Date Last Inspection: 03-10-2018  
mm/dd/yyyy

Airframe Total Time: 2668 hrs  
hours measured at (Select one)

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

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

Manufacturer: Flopp Trap

Model: 72" wood

### Propeller 2

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

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

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

ELT Installed: ☐ Yes ☒ No

If Yes:

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

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

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No

If not activated:

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

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Dennis WestergaardCity: CraigState: Ne ZIP: 68019Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

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

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

(Select one for each group)

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

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

(Select one)

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

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Timber Lake

Airport Identifier: \_\_\_\_\_

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

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

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

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

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

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

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

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

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

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

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

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

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Dennis</u> City of Residence: <u>Craig</u><br>Middle Initial: <u>L</u> State: <u>Nc.</u> ZIP: <u>68019</u><br>Last Name: <u>Westergaard</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>62</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy<br>Certificate Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <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 type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input checked="" 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 checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |           |            | <b>Inflatable Restraints</b><br><input 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> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                | <b>Medical Certificate Validity</b><br><input 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>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                          |                                                                                | <b>Date of Last Medical</b><br><u>11/25/2017</u><br>mm/dd/yyyy |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>Medical Certificate Limitations</b> <u>Use of eye glasses for Distance Vision.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b> <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>09/16/2016</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          | <b>Flight Review Aircraft</b><br>Make: <u>Piper</u><br>Model: <u>PA-28-140</u> |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<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> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                |                                                                | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                          |           |            | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <b>Type Ratings</b> <u>SEL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>912.2</td> <td>153.6</td> <td>912.2</td> <td>0</td> <td>15.6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>852.2</td> <td>143.0</td> <td>852.2</td> <td>0</td> <td>15.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>5.6</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>1.7</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>5/28</td> <td>1.1</td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></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 | 912.2 | 153.6 | 912.2 | 0 | 15.6 | 0 | 0 | 0 | 0 | 0 | Pilot in Command (PIC) | 852.2 | 143.0 | 852.2 | 0 | 15.6 |  |  |  |  |  | Time as Instructor | 0 |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 5.6 |  |  |  | 0 |  |  |  |  |  | Last 30 Days | 1.7 |  |  |  | 0 |  |  |  |  |  | Last 24 Hours | 5/28 | 1.1 |  |  | 0 |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 912.2        | 153.6                                                                                                                                                                                                                                                       | 912.2                                                                                                                                                                                                                                                                                                                    | 0                                                                              | 15.6                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 852.2        | 143.0                                                                                                                                                                                                                                                       | 852.2                                                                                                                                                                                                                                                                                                                    | 0                                                                              | 15.6                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0            |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.6          |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                | 0                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.7          |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                | 0                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5/28         | 1.1                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                          |                                                                                | 0                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |       |       |   |      |   |   |   |   |   |                        |       |       |       |   |      |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |              |     |  |  |  |   |  |  |  |  |  |               |      |     |  |  |   |  |  |  |  |  |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

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

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

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

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

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

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

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

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

#### Degree of Injury

☐ None  
 ☐ Fatal  
 ☐ Minor  
 ☐ Unknown  
 ☐ Serious

#### Seat Occupied

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

#### Restraint Type

##### Available

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

##### Used

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

#### Inflatable Restraints

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

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

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

#### Principal Occupation

☐ Pilot  
 ☐ Other  
 ☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

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

#### Date of Last Medical

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

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

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

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

#### Flight Review Aircraft

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

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

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

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

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

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

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

☐ None  
 ☐ Airplane  
 ☐ Helicopter  
 ☐ Powered Lift

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

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

#### Type Ratings

#### Student Endorsements (Include dates)

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

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

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                      |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                      |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                         |                                                                                                                                                                                        | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                           |                                                                                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input checked="" type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                    |  |  | <b>Seat</b><br><input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <b>Injury</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" 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 style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |  | <b>Inflatable Restraints</b><br><input 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>Age</b> <u>85</u><br><input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |                                                                                                                                                                                                |                                                                                                                                                                   |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |                                                                                                                                                                                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |                                                                                                                                                                                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                             | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                           |                                                                                                                                                                                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |

## 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)

Broken Prop, Bent Tubing in Fuselage, Damaged Fabric  
Covering.

## 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.

Loss of Engine power to Climb.  
Bad decision to not Land in Flat Field when  
possible. Kept Flying into a situation where  
there were no options. Intended destination was  
Tekamah Airport.

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

Operator/Owner Safety Recommendation

Land in open Flat Field when the opportunity was possible.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

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

Engine did not develop Full power to  
ascend over Terrain.

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

Annual Insp.  
Hours  
1 hr. ago.

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

10 gallon \_\_\_\_\_ 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

EMT personal assisted exiting Aircraft, pilot & passenger

**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

06/04/2018  
mm/dd/yyyy

Name of Pilot

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.

CEN18LA199

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Silliman

Date Report Received

6/18

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Last Departure Point</b><br>Airport ID: <u>W. Inc. Owners Prop.</u><br>City: <u>Craig</u><br>State: <u>Nc.</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          | <b>Time of Departure</b><br>Time: <u>8:45</u><br>Time Zone: <u>Central</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | <b>Destination</b><br>Airport ID: <u>TAE</u><br>City: <u>Tekamah</u><br>State: <u>Nc.</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |  |
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Special VFR</div> <div style="width: 33%;"><input type="checkbox"/> Special IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 33%;"><input type="checkbox"/> Cruise</div> <div style="width: 33%;"><input type="checkbox"/> VFR</div> <div style="width: 33%;"><input type="checkbox"/> IFR</div> <div style="width: 33%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 33%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 33%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Class A<br/> <input type="checkbox"/> Class B<br/> <input type="checkbox"/> Class C<br/> <input type="checkbox"/> Class D<br/> <input checked="" type="checkbox"/> Class E             </div> <div style="width: 33%;"> <input type="checkbox"/> Class G<br/> <input type="checkbox"/> Demo Area<br/> <input type="checkbox"/> Warning Area<br/> <input type="checkbox"/> Prohibited Area<br/> <input type="checkbox"/> Restricted Area             </div> <div style="width: 33%;"> <input type="checkbox"/> Military Operations Area (MOA)<br/> <input type="checkbox"/> Airport Advisory Area<br/> <input type="checkbox"/> Jet Training Area<br/> <input type="checkbox"/> TRSA<br/> <input type="checkbox"/> FAR 93             </div> <div style="width: 33%;"> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Air Traffic Control Area<br/> <input type="checkbox"/> Unknown             </div> </div> |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl                                                                                                                                                                                                                                                                                                            |  |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<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<br><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>Tekamah ASOS</u><br>Observation Time: <u>9:30 A.M.</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>3.5</u> nm<br>Direction from Accident Site: <u>090</u> degrees true                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                             |                                                                                                           | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Visibility</b> _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                           | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          | <b>Icing Actual</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                   |                                                                                                           | <b>Turbulence</b><br><b>Type</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                     |  |