

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**

**If more space is needed, continue on a blank sheet of paper.**

**Nearest City/Place:** Use the name of the nearest community in the state where the accident/incident occurred.

**Date/Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

**Maximum Gross Weight:** Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

**Air Medical Flight:** Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Public Aircraft:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**--Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**--Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**--Company flying with a paid, professional crew.

**FERRY**--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**--Use only if the primary purpose of flight is not known.

**Other Aircraft--Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

**These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to [www.nts.gov](http://www.nts.gov).**

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Portland State: IN

ZIP: 47371 Country: USA

Latitude: 40.45 N Longitude: 84.99 W

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

### Accident/Incident Date/Time

Date: 06/18/21 Local Time: 8:27 PM  
mm/dd/yyyy

Time Zone: EDT

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N310LC

Manufacturer: CESSNA

Model: 310R

Serial Number: 310R1595

Year of Manufacture: 1979

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 5680 lbs

Weight at Time of Accident/Incident: 4770 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 2

### 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

Turbo Shaft

Turbo Prop

Turbo Jet

Turbo Fan

Electric

Liquid Rocket

Solid Rocket

Hybrid Rocket

None

Unknown

### Fuel System Type (Reciprocating)

Carburetor

Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|-----------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Continental         | IO-520-MB1B         | 1039987                      | 12/08/2020                 | 285                                           | 67                    | 38.3                                 | 67                  |
| Eng. 2 | Continental         | IO-520-MB           | 277754                       | UKN                        | 285                                           | 5568.9                | 38.3                                 | 983.1               |
| Eng. 3 |                     |                     |                              |                            |                                               |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                               |                       |                                      |                     |

### Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 05/27/2021  
mm/dd/yyyy

Airframe Total Time: 6179.8 hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

### Type of Maintenance Program (Select one)

Annual

Conditional (Amateur-built only)

Manufacturer's Inspection Program

Other Approved Inspection Program (AAIP)

Continuous Airworthiness

Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

None

Specify: 2.5LB HALON

### Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: McCauley

Model: 3AF32C87-NR

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Dorne & Margolin

Model or Part No.: DM ELT 6.1

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)

C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: ☐ Impact Damage

☐ Fire Damage

☐ Battery Expired/Damaged

☐ Unknown

### Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: McCauley

Model: 3AF32C87-NR

### 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: B & F Aviation INCCity: PortlandState: INZIP: 47371

Fractional Ownership Aircraft: Yes No

Country: USA**Operator of Aircraft**☐ Same As Registered Owner☒ Same Address as Registered OwnerName: B & F Aviation INC

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

Doing Business As: Sonrise Aviation

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

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

Air Carrier/Operator Designator (4 Character Code): 2BZA342N

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

|         |         |         |
|---------|---------|---------|
| FAR 91  | FAR 129 | FAR 415 |
| FAR 103 | FAR 133 | FAR 431 |
| FAR 121 | FAR 135 | FAR 435 |
| FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight  
Non-US, Commercial  
Non-US, Non-commercial

Public Aircraft (Select one)  
Armed Forces  
Federal  
State  
Local  
Unknown

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

(Select one for each group)

|                           |               |
|---------------------------|---------------|
| Scheduled or Commuter     | Domestic      |
| Non-Scheduled or Air Taxi | International |

Passenger  
Cargo  
Mail Contract Only

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

(Select one)

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

**Revenue Sightseeing Flight**

Yes No

**Air Medical Flight**

Yes No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Portland MunicipalDistance From Airport Center: On Runway smAirport Identifier: KPLD

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

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

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

**Runway Information**Runway ID: 9 (L/R/C) Length: 4002 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**

- |                                             |                                     |                                     |                                  |
|---------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam    | <input type="checkbox"/> Water   |
| <input type="checkbox"/> Concrete           | <input type="checkbox"/> Gravel     | <input type="checkbox"/> Metal/Wood |                                  |
| <input type="checkbox"/> Dirt               | <input type="checkbox"/> Ice        | <input type="checkbox"/> Snow       | <input type="checkbox"/> Unknown |

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

- |                                          |                                         |                                       |
|------------------------------------------|-----------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Dry  | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm   |
| <input type="checkbox"/> Holes           | <input type="checkbox"/> Snow-Crusted   | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered     | <input type="checkbox"/> Snow-Dry       | <input type="checkbox"/> Water-Glassy |
| <input type="checkbox"/> Rough           | <input type="checkbox"/> Snow-Wet       | <input type="checkbox"/> Wet          |
| <input type="checkbox"/> Rubber Deposits | <input type="checkbox"/> Soft           |                                       |
| <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation     | <input type="checkbox"/> 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
- |                                   |                                          |                                            |                                   |
|-----------------------------------|------------------------------------------|--------------------------------------------|-----------------------------------|
| <input type="checkbox"/> ADF/NDB  | <input type="checkbox"/> PAR             | <input type="checkbox"/> MLS               | <input type="checkbox"/> Practice |
| <input type="checkbox"/> SDF      | <input type="checkbox"/> Sidestep        | <input type="checkbox"/> LDA               | <input type="checkbox"/> GPS      |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> ILS             | <input type="checkbox"/> ASR               |                                   |
| <input type="checkbox"/> VOR/DME  | <input type="checkbox"/> Localizer Only  | <input checked="" type="checkbox"/> Visual |                                   |
| <input type="checkbox"/> TACAN    | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact           |                                   |
|                                   | <input checked="" type="checkbox"/> RNAV | <input type="checkbox"/> Circling          |                                   |
|                                   |                                          |                                            | <input type="checkbox"/> Unknown  |

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

- ☒ None
- |                                                   |                                                   |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Traffic Pattern          | <input type="checkbox"/> Stop and Go              |
| <input type="checkbox"/> Straight-In              | <input type="checkbox"/> Touch and Go             |
| <input type="checkbox"/> Valley/Terrain Following | <input type="checkbox"/> Simulated Forced Landing |
| <input type="checkbox"/> Go Around                | <input type="checkbox"/> Forced Landing           |
| <input type="checkbox"/> Full Stop                | <input type="checkbox"/> Precautionary Landing    |
|                                                   | <input type="checkbox"/> Unknown                  |

## "FLIGHT CREWMEMBER 1" INFORMATION

### "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

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

### "Flight Crewmember 1" Identification

First Name: Joseph      City of Residence: Amboy  
 Middle Initial: C      State: IN      ZIP: 46911  
 Last Name: Shrock      Country: USA  
 Age at time of Accident/Incident: 32      Date of Birth:                      mm/dd/yyyy  
 Certificate Number:                     

| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      Single | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table> | Available | Used | None | None | Lap only | Lap only | 3-point | 3-point | 4-point | 4-point | 5-point | 5-point | Unknown | Unknown | <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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|------|------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Used                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | None                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lap only                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Unknown                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                               | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown                                                                                                                                                                                                                                                                                                              |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                                                                                                                                                                                                                                                                 |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |
| <b>Date of Last Medical</b><br><u>02/19/2021</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |      |      |      |          |          |         |         |         |         |         |         |         |         |                                                                                                                                                                                                                                           |

### Medical Certificate Limitations

NONE

### Medical Certificate Special Issuance

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

04/02/2021  
mm/dd/yyyy

### Flight Review Aircraft

Make: CESSNA  
 Model: 310R

|                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(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 checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input checked="" type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type Ratings

N/A

### 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                                                  | 1486.6       | 227.7             | 939.2                  | 361.7                | 135.8 | 49.3       | 91.8      | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 1396.1       | 227.7             | 870.8                  | 339.6                | 129.9 | 46.5       | 86.3      | 0          | 0      | 0                |
| Time as Instructor                                          | 995.8        | 23.0              | 841.5                  | 97.7                 | 46.9  | 3.4        | 0         | 0          | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      | 71.8  | 35.2       | 15.4      |            |        |                  |
| Last 90 Days                                                | 195.5        | 193.2             | 1.6                    | 193.2                | 65.1  | 33.0       | 8.5       | 0          | 0      | 0                |
| Last 30 Days                                                | 79.5         | 79.5              | 0                      | 79.5                 | 34.9  | 9.6        | 1.2       | 0          | 0      | 0                |
| Last 24 Hours                                               | 7.9          | 7.9               | 0                      | 7.9                  | 4.1   | 0          | 0         | 0          | 0      | 0                |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      Single | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table> | Available                                  | Used                                | None                                 | None                             | Lap only                              | Lap only                                   | 3-point                          | 3-point                          | 4-point                        | 4-point                                  | 5-point | 5-point                                                                                                                     | Unknown | Unknown | <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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------|----------------------------------|----------------------------------|--------------------------------|------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------|---------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Used                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | None                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lap only                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5-point                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unknown                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                                                                               | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |         | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown |         |         |                                                                                                                                                                                                                                |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Flight Instructor                                                    | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> US Military       |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Recreational                                                         | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Foreign           |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sport                                                                | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                                                                                                                                                                                                                                                                 |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |         |                                                                                                                             |         |         |                                                                                                                                                                                                                                |
| <b>Date of Last Medical</b><br>_____ 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:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input 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><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><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><br><i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td> <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                         </td> <td> <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                         </td> </tr> </table> | <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 | <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 |
| <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                                                                 | <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                                                                                                                         |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |

### Type Ratings

### Student Endorsements *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--------------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                                    |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                         |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                                 |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                                    |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                                      |              |                   |                        |                      |       |            |           |            |        |                  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                           |                                  |                                                                                                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                           |                                  | <b>Seat Occupied</b>                                                                                                                                                                   |                                                                                                                                                                                                           | <b>Injury</b>                                                                                                                                                                                                                  |            |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                           |                                  | Left Center Right<br>Front Rear Single Unknown                                                                                                                                         |                                                                                                                                                                                                           | None Minor Serious Fatal Unknown                                                                                                                                                                                               |            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |  |                                                                           |                                  | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    Unknown |                                                                                                                                                                                                           | <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>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                           |                                  | <b>Seat Occupied</b>                                                                                                                                                                   |                                                                                                                                                                                                           | <b>Injury</b>                                                                                                                                                                                                                  |            |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                           |                                  | Left Center Right<br>Front Rear Single Unknown                                                                                                                                         |                                                                                                                                                                                                           | None Minor Serious Fatal Unknown                                                                                                                                                                                               |            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |  |                                                                           |                                  | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    Unknown |                                                                                                                                                                                                           | <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 |                                  |                                                                                                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |            |  |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                           |                                  |                                                                                                                                                                                        |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |            |  |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | <b>Seat</b>                                                               | <b>Injury</b>                    | <b>Restraint Type</b>                                                                                                                                                                  |                                                                                                                                                                                                           | <b>Inflatable Restraints</b>                                                                                                                                                                                                   | <b>Age</b> |  |
| First Name: <u>Andrew</u> City : <u>Burlington</u><br>Middle Initial: <u>J</u> State: <u>KY</u> ZIP: <u>41005</u><br>Last Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                                            |  |  | Left Center Right Unknown<br>Row: <u>2</u>                                | None Minor Serious Fatal Unknown | <b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    Unknown                           | <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 | <input checked="" type="checkbox"/> Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown                                                                                                                     |            |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                                                                                                                                                    |  |  | Left Center Right Unknown<br>Row: _____                                   | None Minor Serious Fatal Unknown | <b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    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>Child Restraint<br>Lap-Held<br>Unknown                                                                                                                                |            |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                                                                                                                                                    |  |  | Left Center Right Unknown<br>Row: _____                                   | None Minor Serious Fatal Unknown | <b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    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>Child Restraint<br>Lap-Held<br>Unknown                                                                                                                                |            |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Crew</span> <span>Passenger</span> <span>Other</span> </div>                                                                                                                                                                                                    |  |  | Left Center Right Unknown<br>Row: _____                                   | None Minor Serious Fatal Unknown | <b>Available</b> <b>Used</b><br>None    None<br>Lap Only    Lap Only<br>3-point    3-point<br>4-point    4-point<br>5-point    5-point<br>Unknown    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>Child Restraint<br>Lap-Held<br>Unknown                                                                                                                                |            |  |

## FLIGHT ITINERARY INFORMATION

|                                                                                                                              |                                                                          |                                                                                                                     |                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>C02</u><br>City: <u>Lake Geneva</u><br>State: <u>WI</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>6:17PM</u><br>Time Zone: <u>CDT</u> | <b>Destination</b><br>Airport ID: <u>KLUK</u><br>City: <u>Cincinnati</u><br>State: <u>OH</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br>None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input checked="" type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? Yes <input type="radio"/> No <input type="radio"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                               |                                         |                                      |                                               |                                       |
|-------------------------------|-----------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Special VFR    | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR  | <input checked="" type="checkbox"/> IFR | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

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

|                                  |                                             |                                                         |                                                   |
|----------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |                                                   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |                                                   |

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ 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 checked="" 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>KPLD - AWOS-3</u><br>Observation Time: <u>8:13PM</u><br>Time Zone: <u>EDT</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>0</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 checked="" type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                          |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input checked="" type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input checked="" type="radio"/> Unknown<br><input checked="" type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>8000</u> 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> <u>28</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>20</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>29.76</u> 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> <u>10</u> 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 checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Icing Forecast</b><br><table border="0"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b>                        | <b>Type</b> | <input checked="" type="radio"/> None | <input checked="" type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b><br><table border="0"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input checked="" type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b> | <b>Type</b> | <input checked="" type="radio"/> None | <input checked="" type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br><b>Type</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><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>Amount</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Type</b>                          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="radio"/> N/A |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Rime           |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Clear          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Mixed          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Unknown        |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Amount</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Type</b>                          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="radio"/> N/A |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Rime           |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Clear          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Mixed          |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Unknown        |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |             |                                       |                                      |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |

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

**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)*

One runway light destroyed. Left main gear departed aircraft. Damage to left side horizontal stabilizer, possibly from main gear strike. Propeller strike to both engines. Nose gear collapse.

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

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

I departed Lake Geneva at approximately 6:17PM CDT with one passenger for Lunken Field (KLUK). The rain that was moving to the east had developed into thunderstorms along my route from western Indiana to east of Dayton, Ohio. I was transferred from South Bend Approach Control to Fort Wayne Approach Control, where I requested a diversion to Portland, Indiana (KPLD) for weather. The thunderstorms were approximately 30 miles south of Portland, according to my on board radar. Portland was along my route to KLUK and is home base to my charter company, Sonrise Aviation. The Portland AWOS was reporting calm winds and 8,000 feet scattered. I requested the RNAV 9 via AJAYS, and was later cleared for the approach. During my flare a deer ran from the left side of the runway and struck the aircraft. I saw the deer out of my peripheral vision, just outside of my left engine before the impact. After impact the plane yawed to the left, I corrected to the right. The right main gear touched the runway, my left landing gear had been knocked off. When the left side settled on the runway the plane began to pull to the left and off the runway. The plane settled in the ditch north of the runway. After we came to a stop I shut down the engines. We attempted to exit out of the door, but it was jammed closed. We then used the emergency exit window to the left of the pilot seat to exit the airplane. After we exited the aircraft we found the deer and landing gear door on the runway. The landing gear was in the grass north of the runway.

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

Operator/Owner Safety Recommendation

Wildlife fence around airport.

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

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

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

120 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

The passenger and I utilized the emergency exit window to the left of the pilot's seat.

**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

06/24/2021

*mm/dd/yyyy*

Name of Pilot/Operator: Joseph Shrock

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.

CEN21LA279

Reviewed by NTSB Regional Office

CENTRAL

Name of Investigator

LINDBERG

Date Report Received

6/24/2021