

**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: Baltimore State: TX Date: 01/13/2023 Local Time: 09:00  
 ZIP: 70603 Country: U.S. Latitude: 09527.1 Longitude: 29-44.3 Time Zone: Central  
 (Enter in decimal degrees or degrees minutes seconds) Collision with Other Aircraft: ☐ Midair ☒ Ground ☐ None

**AIRCRAFT INFORMATION**

Registration Number: N15610A Manufacturer: Pitt Model: PA-28-140 Serial Number: 28-24640 Year of Manufacture: 1969  
 Amateur-Built: ☒ Yes ☐ No ☐ Kit/Plan ☐ Original Design  
☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft  
 Maximum Gross Weight: 2150 lbs Weight at Time of Accident/Incident: 1759 lbs  
 Number of Seats: 4 Flight Crew Seats: 2 Passenger Seats: 2  
 Cabin Crew Seats: 0 Number of Engines: 1

Category of Aircraft: ☒ Airplane ☐ Helicopter ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown  
 Type of Airworthiness Certificate: (Check all that apply) ☒ Standard ☐ Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Special Flight ☐ Experimental ☐ Special Light-Sport ☐ Experimental Light-Sport  
 Landing Gear: (Check all that apply) ☒ Fixed ☐ Retractable ☐ Tailwheel ☐ High Wing ☐ Low Wing ☐ Tail ☐ Other Landing/Gyroplane System ☐ None ☐ Unknown  
 Engine Type: (Select one) ☒ Reciprocating ☐ Liquid Rocket ☐ Turbo-Prop ☐ Turbo-Jet ☐ Turbo-Fan ☐ Electric ☐ Other ☐ Unknown  
 Fuel System Type: (Check all that apply) ☒ Carburetor ☐ Fuel Injection

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. | Rated Power (Horsepower) | Total Time (Hours) | Inspection (Hours) | Time Since Last Inspection (Hours) |
|--------|---------------------|---------------------|------------------------------|--------------|--------------------------|--------------------|--------------------|------------------------------------|
| Eng 1  | Lycoming            | O-320-C2A           | L-31213-27A                  | 1/1/69       | 160 HP                   | 2501               | 2495               | 1744                               |
| Eng 2  |                     |                     |                              |              |                          |                    | 59                 |                                    |
| Eng 3  |                     |                     |                              |              |                          |                    |                    |                                    |
| Eng 4  |                     |                     |                              |              |                          |                    |                    |                                    |

Last Inspection Type: ☐ 90-hour ☒ Continuous Airworthiness ☐ AUP ☐ Conditional Inspection ☐ Annual ☐ Unknown  
 Date Last Inspection: 01/13/2023  
 Airframe Total Time: 2635.0 hrs  
 (Select one) ☒ Last Inspection ☐ Time of Accident/Incident  
 Propeller 1: ☒ Fixed Pitch ☐ Constant Speed ☐ Ground Adjustable  
 Manufacturer: Sensenich Model: 70MB-D-58  
 Propeller 2: ☐ Fixed Pitch ☐ Constant Speed ☐ Ground Adjustable

ELT Installed: ☒ Yes ☐ No  
 (If Yes) ELT Manufacturer: Merl Model or Part No.: BP1010  
 TSO No.: CS91 (121.5 MHz) OC91 (121.5 MHz) CC125 (400 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

Type of Maintenance Program (Select one): ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AUP) ☐ Continuous Airworthiness ☐ Other, specify: \_\_\_\_\_  
 Description of Fire Extinguishing System: ☒ None ☐ Specify: \_\_\_\_\_  
 Additional Equipment: (Check all that apply) ☒ VFR-R ☐ 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: Stratus

*No Forward Motion*

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Anderson Aviation LLC</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City: <u>[REDACTED]</u><br>State: <u>TX</u> ZIP: <u>[REDACTED]</u><br>Country: <u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>Katelyn Story</u><br>Doing Business As: <u>Flight Instructor</u><br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Same Address as Registered Owner<br>City: <u>[REDACTED]</u><br>State: <u>TX</u> ZIP: <u>[REDACTED]</u><br>Country: <u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437<br><input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><input type="checkbox"/> Public Aircraft <i>(Select one)</i><br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Local<br><input type="checkbox"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic<br><input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Cargo<br><input type="checkbox"/> Mail Contract Only<br><b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown<br><input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test<br><input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow<br><input type="checkbox"/> Air Race/Show <input checked="" type="checkbox"/> Instructional<br><input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Business <input type="checkbox"/> Personal<br><input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning<br><input type="checkbox"/> External Load <input type="checkbox"/> Skydiving<br><input type="checkbox"/> Ferry |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Airport Name: <u>Bulverde</u><br>Airport Identifier: <u>1TT8</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Distance From Airport Center: <u>0</u> sm<br>Direction From Airport: <u>South</u> degrees true<br>Airport Elevation: <u>1,080'</u> ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Runway Information</b><br>Runway ID: <u>34</u> (L/R/C) Length: <u>2,890'</u> ft Width: <u>40'</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Approach/Departure Segment <i>(Select one)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling<br><input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Katelyn</u> City of Residence: <u>[REDACTED]</u><br>Middle Initial: <u>N</u> State: <u>TX</u> ZIP: <u>[REDACTED]</u><br>Last Name: <u>Story</u> Country: <u>U.S.</u><br>Age at time of Accident/Incident: <u>25</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy<br>Certificate Number: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Available                                                   | Used       | <input checked="" type="radio"/> None | <input type="radio"/> None                                  | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>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                                     |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> None               |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input checked="" type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="radio"/> 3-point |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 4-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>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 Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Date of Last Medical</b><br><u>05/03/2022</u> mm/dd/yyyy |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Limitations</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>[REDACTED]</u> mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                     |                        | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | <b>Other Aircraft Rating(s)</b> (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> (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> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input 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 |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Type Ratings</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | <b>Student Endorsements</b> (Include dates)<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>614.10</td> <td>46</td> <td>595.2</td> <td>19.4</td> <td>32.9</td> <td>18.9</td> <td>64.7</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>514.1</td> <td>46</td> <td>512.2</td> <td>1.9</td> <td>26.5</td> <td>18.5</td> <td>59</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Time as Instructor</td> <td>285.8</td> <td>46</td> <td>285.8</td> <td>—</td> <td>2</td> <td>0.4</td> <td>0.3</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>71.2</td> <td>30.5</td> <td>71.2</td> <td>0</td> <td>0.9</td> <td>0.7</td> <td>1.4</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 30 Days</td> <td>23.8</td> <td>15</td> <td>23.8</td> <td>0</td> <td>0.3</td> <td>0</td> <td>0</td> <td>—</td> <td>—</td> <td>—</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>—</td> <td>—</td> <td>—</td> </tr> </tbody> </table> |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       | Flight Time (Enter appropriate number of hours in each box) | All Aircraft                   | This Make & Model              | Airplane Single Engine                   | Airplane Multiengine                     | Night                         | Instrument                    |                               | Rotorcraft                    | Glider                        | Lighter Than Air              | Actual                                                                                                                                                                                                                                    | Simulated | Total Time | 614.10 | 46 | 595.2 | 19.4 | 32.9 | 18.9 | 64.7 | — | — | — | Pilot in Command (PIC) | 514.1 | 46 | 512.2 | 1.9 | 26.5 | 18.5 | 59 | — | — | — | Time as Instructor | 285.8 | 46 | 285.8 | — | 2 | 0.4 | 0.3 | — | — | — | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 71.2 | 30.5 | 71.2 | 0 | 0.9 | 0.7 | 1.4 | — | — | — | Last 30 Days | 23.8 | 15 | 23.8 | 0 | 0.3 | 0 | 0 | — | — | — | Last 24 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | — | — | — |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | All Aircraft                             | This Make & Model                                                                                                                                                                                                                                                                                                                   | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | Rotorcraft | Glider                                |                                                             |                                |                                |                                          |                                          |                               | Lighter Than Air              |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simulated                                                   |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 614.10                                   | 46                                                                                                                                                                                                                                                                                                                                  | 595.2                  | 19.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 32.9  | 18.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 64.7                                                        | —          | —                                     | —                                                           |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 514.1                                    | 46                                                                                                                                                                                                                                                                                                                                  | 512.2                  | 1.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 26.5  | 18.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 59                                                          | —          | —                                     | —                                                           |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 285.8                                    | 46                                                                                                                                                                                                                                                                                                                                  | 285.8                  | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2     | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.3                                                         | —          | —                                     | —                                                           |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |            |                                       |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 71.2                                     | 30.5                                                                                                                                                                                                                                                                                                                                | 71.2                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.9   | 0.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.4                                                         | —          | —                                     | —                                                           |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23.8                                     | 15                                                                                                                                                                                                                                                                                                                                  | 23.8                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.3   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                           | —          | —                                     | —                                                           |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |    |       |      |      |      |      |   |   |   |                        |       |    |       |     |      |      |    |   |   |   |                    |       |    |       |   |   |     |     |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |   |     |     |     |   |   |   |              |      |    |      |   |     |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                        | 0                                                                                                                                                                                                                                                                                                                                   | 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: Catarina

City of Residence: [REDACTED]

Middle Initial: M

State: TX ZIP: [REDACTED]

Last Name: RUIZ

Country: Comal

Age at time of Accident/Incident: 26 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal  
☐ Minor ☐ Unknown  
☐ Serious

Seat Occupied

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

Restraint Type

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

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

Inflatable Restraints

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

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

☐ Pilot  
☒ Other  
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

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

Date of Last Medical

06/29/2021  
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

N/A

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

N/A  
mm/dd/yyyy

Flight Review Aircraft

Make: [REDACTED]

Model: [REDACTED]

Airplane Rating(s) (Check all that apply)

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

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

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

Instrument Rating(s) (Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 74.7         | 16.9              | 74.7                   |                      | 3     |            | 3.3       |            |        |                  |
| Pilot in Command (PIC)                                      | 12.7         | 12.7              | 12.7                   |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 8.1          | 8.1               | 8.1                    |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 16.9         | 16.9              | 16.9                   |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1.4          | 1.4               | 1.4                    |                      |       |            |           |            |        |                  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>1TT9</u><br>City: <u>Bulverde</u><br>State: <u>TX</u><br>Country: <u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Time of Departure</b><br>Time: <u>08:30</u><br>Time Zone: <u>Central</u>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Destination</b><br>Airport ID: <u>1TTB</u><br>City: <u>Bulverde</u><br>State: <u>TX</u><br>Country: <u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl                                                                                                                                                                                                                                                                                                                                                                                                     |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input checked="" type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>YSAT</u><br>Observation Time: <u>08:00</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>12</u> nm<br>Direction from Accident Site: <u>South</u> degrees true                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Basic Conditions</b><br><input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Light Condition</b><br><input checked="" type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Obscured<br><input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Indefinite<br><input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown<br><input type="checkbox"/> Scattered                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg or _____ MB                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>Direction: <u>050</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Wind Speed</b><br><input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable<br>Speed: <u>5</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                          | <b>Visibility</b> <u>Clear</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                             |
| <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Dust |
| <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown<br><b>Type</b><br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                 | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown<br><b>Type</b><br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Turbulence</b><br><b>Type</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                       |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>None for airport or around</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

# **DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

## **Aircraft Damage**

- ☐ None
- ☐ Minor
- ☒ Substantial
- ☒ Destroyed
- ☒ Unknown

## **Aircraft Fire**

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

## **Aircraft Explosion**

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

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

totalled

## **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.

My student and I were doing a morning training flight. She was a new student to me as of last week and I was getting her ready for her private pilot check ride. We took off and started with ground reference maneuvers and then were planning on coming back to the airport to start practicing landings. For our first landing, I told my student to do a soft field landing. The winds were light coming out from the east (a slight crosswind). My student had proper wind correction and great control on the approach to the runway. Right after we touched down my student applied way too much rudder pressure which resulted in her losing control of the aircraft. She tried to get control of the aircraft however, she was unable to and we started to go into the grass. At this point, I took the flight controls and noticed that we were heading straight for about a nine-foot drop-off and did everything I could to make sure we would not go off the cliff. As I veered the aircraft slightly away from the cliff a small dirt mound made us flip and we slid upside down for a while. After we came to a complete stop, I turned off the master and secured the plane. Right after a few people came over to help us and try to open the door, however, it was jammed so they broke the front window, and my student and I climbed out. We had no injuries, or scratches and even our iPads had no cracks. It was a miracle!

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

Operator/Owner Safety Recommendation

~~Practice landings at KBAZ which has a longer/wider runway.~~

Practice Landings at KBAZ which has a longer/wider runway.

**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)

32

Gallons

Fuel Type

☐ 80/87☒ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

None

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☐ No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Two occupants.

The men that came over to help broke the window &amp; we climbed out.

**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: \_\_\_\_\_

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

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

Pilot of Other Aircraft

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

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

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

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

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

**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<br><u>01/30/2023</u><br><small>mm/dd/yyyy</small> | Name of Pilot/Operator: <u>Kathryn Story</u><br>Signature: <u>[Redacted]</u><br><small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If a Person Other than Pilot/Operator is Filing Report

|                                                                                                  |              |
|--------------------------------------------------------------------------------------------------|--------------|
| Name: _____                                                                                      | Title: _____ |
| Signature: _____                                                                                 |              |
| <small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document |              |

**FOR NTSB USE ONLY**

|                                                 |                                                           |                                              |                                           |
|-------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| NTSB Accident/Incident No.<br><b>CEN23LA089</b> | Reviewed by NTSB Regional Office<br><b>Central Region</b> | Name of Investigator<br><b>Laura Abraham</b> | Date Report Received<br><b>01/31/2023</b> |
|-------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-------------------------------------------|