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OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Tracy K. Copenhagen/Connie K. Copenhagen</u>		City: <u>Anthony</u> State: <u>KS</u> ZIP: <u>67003</u> Country: <u>USA</u>	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ FAR 103 ☐ FAR 133 ☐ FAR 431 ☐ FAR 121 ☐ FAR 135 ☐ FAR 435 ☐ FAR 125 ☐ FAR 137 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft (Select one) ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Domestic ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only	
Revenue Sightseeing Flight ☐ Yes ☒ No		Air Medical Flight ☐ Yes ☒ No	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>ANTHONY MUNICIPAL</u> Airport Identifier: <u>KANY</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>approx 4500 ft</u> sm Direction From Airport: <u>20°</u> degrees true Airport Elevation: <u>1340</u> ft. msl	
Runway Information Runway ID: <u>18</u> (L/R/C) Length: <u>5000</u> ft Width: <u>100</u> ft		Condition of Runway/Landing Surface (Check all that apply)	
Runway/Landing Surface (Check all that apply) ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☒ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown		☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Approach/Departure Segment (Select one)			
☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☒ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach (Check all that apply) ☒ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Unknown		VFR Approach (Check all that apply) ☐ None ☒ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☒ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☒ Forced Landing ☐ Precautionary Landing ☐ Unknown	

FLIGHT CREWMEMBER 1 INFORMATION

Flight Crewmember 1 Responsibilities at the Time of Accident/Incident

☒ Pilot

☐ Co-Pilot

☐ Student Pilot

☐ Flight Instructor

☐ Check Pilot

☐ Flight Engineer

☐ Other Flight Crew

Flight Crewmember 1 was pilot flying

☒ Yes

☐ No

Flight Crewmember 1 Identification

First Name: Tracy

City of Residence: Anthony

Middle Initial: K

State: KS

ZIP: 67003

Last Name: Copenhagen

Country: USA

Age at time of Accident/Incident: 60

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☐ None

☐ Fatal

☒ Minor

☐ Unknown

☐ Serious

Sent 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

☐ Private

☐ Student

☐ Flight Instructor

☐ Recreational

☐ Sport

☒ Commercial

☐ Airline Transport

☐ Flight Engineer

☐ US Military

☐ Foreign

Principal Occupation

☒ Pilot

☐ Other

☐ Unknown

Medical Certificate

☐ None

☐ Class 1

☒ Class 2

☐ Class 3

☐ Driver's License (Sport Pilot only)

☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers

☒ With limitations/waivers

☐ Special Issuance

☐ Unknown

☐ N/A

Date of Last Medical

03/31/2023

mm/dd/yyyy

Medical Certificate Limitations

Corrective lenses to meet vision standards at all required distances

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/23/2023

mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA-24-260

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

NONE

Student Endorsements (Include dates)

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

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

11,900

46

11,900

33

Pilot in Command (PIC)

11,850

46

11,900

33

Time as Instructor

This Make/Model

6

Last 90 Days

4

4

2

Last 30 Days

.5

.5

Last 24 Hours

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

☐ Pilot

☐ Co-Pilot

☐ Student Pilot

☐ Flight Instructor

☐ Check Pilot

☐ Flight Engineer

☐ Other Flight Crew

“Flight Crewmember 2” was pilot flying ☐ Yes ☐ No

“Flight Crewmember 2” Identification

First Name: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ mm/dd/yyyy

Certificate Number: _____

Degree of Injury

☐ None

☐ Fatal

☐ Minor

☐ Unknown

☐ Serious

Seat Occupied

☐ Left

☐ Front

☐ Right

☐ Rear

☐ Center

☐ Single

☐ Unknown

Restraint Type

Available

☐ None

☐ Lap only

☐ 3-point

☐ 4-point

☐ 5-point

☐ Unknown

Used

☐ None

☐ Lap only

☐ 3-point

☐ 4-point

☐ 5-point

☐ Unknown

Inflatable Restraints

☐ Not Installed

☐ Installed

☐ Not Deployed

☐ Deployed

☐ Unknown

Pilot Certificate(s) (Check all that apply)

☐ None

☐ Flight Instructor

☐ Commercial

☐ US Military

☐ Private

☐ Recreational

☐ Airline Transport

☐ Foreign

☐ Student

☐ Sport

☐ Flight Engineer

Principal Occupation

☐ Pilot

☐ Other

☐ Unknown

Medical Certificate

☐ None

☐ Class 3

☐ Class 1

☐ Driver’s License (Sport Pilot only)

☐ Class 2

☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers

☐ Unknown

☐ With limitations/waivers

☐ N/A

☐ Special Issuance

Date of Last Medical

_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) (Check all that apply)

☐ None

☐ Single-Engine Land

☐ Single-Engine Sea

☐ Multiengine Land

☐ Multiengine Sea

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

☐ None

☐ Airship

☐ Balloon

☐ Glider

☐ Gyroplane

☐ Helicopter

☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None

☐ Airplane

☐ Helicopter

☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None

☐ Airplane Single-Engine

☐ Airplane Multi-Engine

☐ Gyroplane

☐ Powered Lift

☐ Instrument Airplane

☐ Instrument Helicopter

☐ Helicopter

☐ Glider

☐ Sport

Type Ratings

Student Endorsements (Include dates)

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

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

6

6 of 11

12/12/2023, 4:17 PM

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply)			Restraint Type:		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available Used ☐ None ☐ None ☐ Lap Only ☐ Lap Only ☐ 3-point ☐ 3-point ☐ 4-point ☐ 4-point ☐ 5-point ☐ 5-point ☐ Unknown ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KAKD

City: Akron

State: CO

Country: USA

Time of Departure

Time: 5pm

Time Zone: CST

Destination

Airport ID: KAWY

City: Anthony

State: KS

Country: USA

Type Flight Plan Filed

☒ None

☐ VFR/IFR

☐ Company VFR

☐ IFR

☐ Military VFR

☐ Unknown

☐ VFR

Activated? ☐ Yes ☐ No ☐ Unknown

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

☒ None

☐ Special VFR

☐ Special IFR

☐ VFR Flight Following

☐ Cruise

☐ VFR

☐ IFR

☐ VFR On Top

☐ Traffic Advisory

☐ Unknown / NA

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

☐ Class A

☒ Class G

☐ Military Operations Area (MOA)

☐ Special

☐ Class B

☐ Demo Area

☐ Airport Advisory Area

☐ Air Traffic Control Area

☐ Class C

☐ Warning Area

☐ Jet Training Area

☐ Unknown

☐ Class D

☐ Prohibited Area

☐ TRSA

☐ Class E

☐ Restricted Area

☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)

☒ National Weather Service

☐ Company

☐ Flight Service Station

☐ Military

☐ TV/Radio

☒ Internet

☐ Automated Report

☐ None

☐ Commercial Weather Service (DUATS)

☐ Unknown

☒ On-Board Weather

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

Basic Conditions

☒ VMC

☐ IMC

☐ Unknown

Light Condition

☐ Dawn

☐ Dusk

☒ Dark Night

☐ Unknown

☐ Day

☐ Night

☐ Bright Night

Sky/Lowest Cloud Condition

☐ Clear

☐ Thin Broken

☐ Few

☐ Thin Overcast

☐ Partial Obscuration

☐ Unknown

☐ Scattered

Lowest Cloud Condition Height

estimate 15,000 + ft agl

Ceiling

☐ None (Clear)

☐ Obscured

☐ Broken

☐ Indefinite

☒ Overcast

☐ Unknown

Ceiling Height

estimate 15,000 + ft agl

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg

or _____ MB

Wind Direction

☐ Variable

southerly

Direction: _____ degrees true

Wind Speed

☐ Calm

☒ Light and Variable

Speed: _____ kts

Wind Gusts

☒ Not Gusting

Speed: _____ kts

Visibility

30 miles estimate

RVR: _____ feet

RVV: _____ miles

Density Altitude: _____ ft

Intensity of Precipitation

☐ Light

☐ Moderate

☐ Heavy

☐ N/A

☐ Unknown

Type of Precipitation (Check all that apply)

☒ None

☐ Drizzle

☐ Freezing Rain

☐ Rain

☐ Ice Pellets

☐ Snow Shower

☐ Snow

☐ Snow Pellets

☐ Ice Pellets Shower

☐ Hail

☐ Snow Grains

☐ Freezing Drizzle

☐ Rain Showers

☐ Ice Crystals

Restriction to Visibility (Check all that apply)

☒ None

☐ Fog

☐ Blowing Dust

☐ Ground Fog

☐ Blowing Sand

☐ Haze

☐ Blowing Snow

☐ Ice Fog

☐ Blowing Spray

☐ Smoke

☐ Dust

☐ Unknown

Icing Forecast

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Icing Actual

Amount

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown

Type

☐ N/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown

Turbulence

Type (Check all that apply)

☒ None

☐ Clear Air

☐ Terrain-Induced

☐ Convective Turbulence

Severity

☐ Light

☐ Moderate

☐ Severe

☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed ☐ Unknown	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Fire at Unknown Time ☐ On-Ground ☐ Unknown	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Explosion at Unknown Time ☐ On-Ground ☐ Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i> landing removed gear, cut everything from baggage compartment forward damaged by impact with ground, barbed wire fence, and row of round bales damaged transmission line top wire (broke) and damaged directly before landing damaged barbed wire fence		
NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i> 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 and location, services obtained, and intended destination. Provide as much detail as possible. Noticed dimming of instrument lights shortly before arrival at destination KANY. Engaged gear down and mistook flashlight illumination of indicator for faint gear down indication. Upon flareout prop made contact with runway. Initiated go around and manual extension of landing gear. Very shortly after gear extension experienced significant decrease in power. Turned directly to end of runway 18. Maintained airspeed but could not maintain altitude. Had no visibility of landing area short of runway. Dark night, no lights other than flashlight. Broke top wire of transmission line directly before "landing" in rough, somewhat soft, grass pasture. Landing gear had broke off. Slid about 60 yards before impacting a row of round bales about 3/8 mile short of Runway 18. Departed KAKO approximately 1700 CST Arrived KANY approximately 1900 CST Weather: NWS via Weather Channel Premium App, ForeFlight I was only person on board		

RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation should have done manual gear extension in addition to "perceived" gear down indication	
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) 90 Gallons	Fuel Type ☐ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP8 ☐ 100/130 ☐ Jet A-1 ☐ Automotive
Other Services, if Any, Prior to Departure	
EVACUATION OF AIRCRAFT	
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No	
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location	
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: _____	Pilot of Other Aircraft
City: _____	Name: _____
State: _____ ZIP: _____	City: _____
Country: _____	State: _____ ZIP: _____
	Country: _____

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