

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Chetek State: WI  
 ZIP: 54728 Country: USA  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 08/14/2024 Local Time: 12:30pm  
*mm/dd/yyyy* Time Zone: \_\_\_\_\_

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

## AIRCRAFT INFORMATION

Registration Number: 3613W

Manufacturer: PIPER

Model: Cherokee 6

Serial Number: \_\_\_\_\_

Year of Manufacture: 1966

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

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

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Number of Seats: 6 Flight Crew Seats: \_\_\_\_\_

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

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

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

#### Special

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

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

### Landing Gear

*(Check all that apply)*

☐ Retractable

☒ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

### Engine Type *(Select one)*

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

### Fuel System Type *(Reciprocating)*

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-540               |                              |                                   | 260                                                                                       |                       |                                      |                     |
| Eng. 2 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 12/15/2023

*mm/dd/yyyy*

Airframe Total Time: \_\_\_\_\_ hrs

hours measured at *(Select one)*

☐ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program *(Select one)*

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

### Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

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

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

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

### Propeller 2

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

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

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

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

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

☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

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

### Additional Equipment *(Check all that apply)*

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

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Travis Turner</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City: <u>Chetek</u><br>State: <u>WI</u> ZIP: <u>54728</u><br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Same Address as Registered Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Doing Business As: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State: _____ ZIP: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input checked="" type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry |  |
| 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>Southworth Municipal (Chetek) Y23</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Distance From Airport Center: <u>25</u> sm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Airport Identifier: <u>Y23</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Direction From Airport: <u>South East</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Airport Elevation: <u>1100</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Runway Information</b><br>Runway ID: <u>17</u> (L/R/C) Length: <u>3401</u> ft Width: <u>60</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <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>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input checked="" 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 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<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> RNAV <input type="checkbox"/> Circling<br><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 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 checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Travis</u><br/>           Middle Initial: <u>J</u><br/>           Last Name: <u>Turner</u> </div> <div>           City of Residence: <u>Chetek</u><br/>           State: <u>WI</u>    ZIP: <u>54728</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>34</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small></div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single |                                                                                                                                                                                                                     |                                                                               | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div> |           |            | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               | <b>Medical Certificate Validity</b><br><input 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>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     | <b>Date of Last Medical</b><br><u>01/04/2024</u><br><small>mm/dd/yyyy</small> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/27/2024</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>172</u>                                                                                                                                           |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                | <b>Instrument Rating(s) (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                               | <b>Instructor Rating(s) (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport           </div>                                    |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b><br><u>Hi Performance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               | <b>Student Endorsements (Include dates)</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">90</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">21.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">35.2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">1.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 90 |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) | 21.7 |  |  |  |  |  |  |  |  |  | Time as Instructor | 0 |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 35.2 |  |  |  |  |  |  |  |  |  | Last 30 Days | 1.6 |  |  |  |  |  |  |  |  |  | Last 24 Hours | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 90           |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21.7         |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0            |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 35.2         |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.6          |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0            |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |            |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |  |  |  |  |  |  |  |  |  |                        |      |  |  |  |  |  |  |  |  |  |                    |   |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |  |  |  |  |  |  |  |  |  |              |     |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |  |  |  |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

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

| <b>Degree of Injury</b><br><input 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 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 style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input 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 type="radio"/> 3-point</td> <td><input 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 type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input 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 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 type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> None                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Lap only                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input 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 type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><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 type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input 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>_____ mm/dd/yyyy |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

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

### Flight Review Aircraft

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

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="margin-top: 10px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport                 </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type Ratings

### Student Endorsements (Include dates)

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

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                         |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Seat Occupied</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left<br/> <input type="radio"/> Center<br/> <input type="radio"/> Right               </div> <div> <input type="radio"/> Front<br/> <input type="radio"/> Rear<br/> <input type="radio"/> Single<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                 |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 25%;"><input type="checkbox"/> Commercial</div> <div style="width: 25%;"><input type="checkbox"/> US Military</div> <div style="width: 25%;"><input type="checkbox"/> Private</div> <div style="width: 25%;"><input type="checkbox"/> Recreational</div> <div style="width: 25%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 25%;"><input type="checkbox"/> Foreign</div> <div style="width: 25%;"><input type="checkbox"/> Student</div> <div style="width: 25%;"><input type="checkbox"/> Sport</div> <div style="width: 25%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Restraint Type:</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div> |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Seat Occupied</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left<br/> <input type="radio"/> Center<br/> <input type="radio"/> Right               </div> <div> <input type="radio"/> Front<br/> <input type="radio"/> Rear<br/> <input type="radio"/> Single<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                                                                                                                 |  | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 25%;"><input type="checkbox"/> Commercial</div> <div style="width: 25%;"><input type="checkbox"/> US Military</div> <div style="width: 25%;"><input type="checkbox"/> Private</div> <div style="width: 25%;"><input type="checkbox"/> Recreational</div> <div style="width: 25%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 25%;"><input type="checkbox"/> Foreign</div> <div style="width: 25%;"><input type="checkbox"/> Student</div> <div style="width: 25%;"><input type="checkbox"/> Sport</div> <div style="width: 25%;"><input type="checkbox"/> Flight Engineer</div> </div> |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Restraint Type:</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div> |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                         |                                                                                                                                                                             | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                         |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                   |  |
| <b>Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Seat</b><br><input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div>  |  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <b>Age</b><br><input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                |  |                                                                                                                                                                   |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                  | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                  | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                  | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>y23</u><br>City: <u>Chetek</u><br>State: <u>WI</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | <b>Time of Departure</b><br>Time: <u>12:00pm</u><br>Time Zone: <u>central</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | <b>Destination</b><br>Airport ID: <u>y23</u><br>City: <u>Chetek</u><br>State: <u>WI</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Special VFR</div> <div style="width: 50%;"><input type="checkbox"/> Special IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 50%;"><input type="checkbox"/> Cruise</div> <div style="width: 50%;"><input type="checkbox"/> VFR</div> <div style="width: 50%;"><input type="checkbox"/> IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 50%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 50%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |                                                                                                                                                                                                                                                                                                                                                                     |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>y23</u><br>Observation Time: <u>12:00 pm</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>25</u> nm<br>Direction from Accident Site: <u>180</u> degrees true |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Basic Conditions</b><br><input type="radio"/> VMC<br><input type="radio"/> IMC<br><input checked="" type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Visibility</b> _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               | <b>Type of Precipitation (Check all that apply)</b><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 (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="flex: 1;">Amount</div> <div style="flex: 1;">Type</div> </div> <input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | <b>Icing Actual</b><br><div style="display: flex;"> <div style="flex: 1;">Amount</div> <div style="flex: 1;">Type</div> </div> <input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                          |                                                                                                                                                                                                                                        | <b>Turbulence</b><br><b>Type (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme                                                                                                                                 |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                                                                                                                                                                                     |

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

- ☐ None      ☐ Substantial  
☐ Minor      ☒ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Wings detached windows & doors busted open

**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.

On the final landing of the day 12:30pm approximately, I landed on runway 17 hit hard flared the nose up trying to bleed off energy, wind gust came and blew the plane to the east in to the trees, I was unconscious after the wind gusts

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

Operator/Owner Safety Recommendation

Not flare the nose up let it slam?

**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)

65 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

3613W

Manufacturer: Piper

Model: Cherokee 6

Damage to Other Aircraft

☒ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: Travis Turner

City: Chetek

State: WI ZIP: 54728

Country: USA

Pilot of Other Aircraft

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

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

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

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

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

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

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

|                                                                       |                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of this Report<br><u>09/24/2024</u><br><small>mm/dd/yyyy</small> | Name of Pilot/Operator <u>Travis Turner</u><br>Signature: <br>-- or -- <input type="checkbox"/> Check here to electronically sign this document |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If a Person Other than Pilot/Operator is Filing Report

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

**FOR NTSB USE ONLY**

|                                                 |                                                           |                                           |                                            |
|-------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| NTSB Accident/Incident No.<br><b>CEN24LA322</b> | Reviewed by NTSB Regional Office<br><b>CENTRAL REGION</b> | Name of Investigator<br><b>CORY MAXON</b> | Date Report Received<br><b>24 SEP 2024</b> |
|-------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------|