

**NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT** Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents**BASIC INFORMATION****Accident/Incident Location**Nearest City/Place: Forest Lake Airport 25D State: MNZIP: 55025 Country: USALatitude: 45.25 Longitude: 92.99

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

**Accident/Incident Date/Time**Date: 05/29/2024 Local Time: 16:38  
mm/dd/yyyy HH:MMTime Zone: CDTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N177GWManufacturer: CessnaModel: 177BSerial Number: 17702481Year of Manufacture: 1,976Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

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

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

Maximum Gross Weight: 2,500 lbs.Weight at Time of Accident/Incident: 2,375 lbs.Number of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2Number of Engines: 1**Category of Aircraft**  
(Select one)

- ☒
- 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
- ☐
- High Skid
- 
- ☒
- Tricycle
- ☐
- Skid
- 
- ☐
- Tailwheel
- ☐
- Ski/Wheel
- 
- ☐
- Emergency Float
- ☐
- Hull
- 
- ☐
- Float
- ☐
- Ski
- 
- ☐
- Amphibian
- 
- ☐
- Other Launch/Recovery System
- 
- ☐
- None
- ☐
- Unknown

**Engine Type (Select one)**

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

**Fuel System Type (Reciprocating)**

- ☒
- Carburetor
- ☐
- Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | O-360-A1F6D         |                      | 01/01/1976                   | 180                                                                                                   | 7,691                    | 20                                   | 2,868               |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

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

Date of Last Inspection: 05/03/2024  
mm/dd/yyyyAirframe Total Time: 7,691.0 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: \_\_\_\_\_

**Additional Equipment**

- ☒
- ADS-B
- 
- ☐
- Airframe Parachute
- 
- ☐
- Angle of Attack Indicator
- 
- ☐
- Autopilot
- 
- ☐
- Autopilot/FMS, Model: \_\_\_\_\_
- 
- ☐
- Coupled Flight Director
- 
- ☐
- Data Recorder
- 
- ☐
- Device Stall Warning System
- 
- ☒
- Electronic Flight Bag or Handheld Device
- 
- ☐
- Electronic Multifunction Display
- 
- ☐
- Electronic Primary Flight Display
- 
- ☐
- Flight Management System

- ☐
- Handheld GPS
- 
- ☐
- Heads Up Display
- 
- ☐
- Night Vision Goggles
- 
- ☐
- Onboard Weather
- 
- ☒
- Primary Flight Display
- 
- ☐
- SAS, Number of Axes: \_\_\_\_\_ Model: \_\_\_\_\_
- 
- ☐
- Satellite Tracking Device
- 
- ☒
- Stall Warning System
- 
- ☐
- Video Recording Device
- 
- ☐
- Wire Strike Detection
- 
- ☐
- Wire Strike Protection
- 
- ☐
- Other, Specify: \_\_\_\_\_

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 ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☒ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown**Propeller 1** ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

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

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

**Propeller 2** ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Gateway Flying Club

Fractional Ownership Aircraft:

☒ Yes☐ NoCity: AnokaState: MNZIP: 55449Country: USA**Operator of Aircraft**☒ The Operator is also the Registered Owner☐ Same address as Registered Owner

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

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

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

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

Air Carrier/Operator Designator (4-character code): \_\_\_\_\_

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91    ☐ FAR 129    ☐ FAR 415
- ☐ FAR 103    ☐ FAR 133    ☐ FAR 431
- ☐ FAR 121    ☐ FAR 135    ☐ FAR 435
- ☐ FAR 125    ☐ FAR 137    ☐ FAR 437
- ☐ FAR 450
- ☐ FAR 91 Special Flight
- ☐ Non-US, Commercial
- ☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)
- ☐ Armed Forces
- ☐ Federal
- ☐ State
- ☐ Local
- ☐ Unknown

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

(Select one for each group)

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

**Purpose of Flight for FAR 91, 103, 133, 137 (Select one)**

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

**Revenue Sightseeing Flight**☐ Yes    ☐ No**Air Medical Flight**☐ Yes    ☐ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Forest Lake AirportDistance From Airport Center: 0.00 sm.Airport Identifier: 25DDirection From Airport: 0.00 degrees trueProximity to Airport: ☐ Off Airport/Airstrip    ☒ On Airport/Airstrip    ☐ N/AAirport Elevation: 930.00 ft. MSL**Runway Information**Runway ID: 31 Length: 2,700 ft. Width: 75 ft.**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

- ☒ Asphalt    ☐ Grass/Turf    ☐ Ice    ☐ Snow
- ☐ Concrete    ☐ Gravel    ☐ Macadam    ☐ Water
- ☐ Dirt    ☐ Helideck    ☐ Metal/Wood    ☐ Unknown
- ☐ Elevated Heliport    ☐ Helistop    ☐ Off-site landing area

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

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

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

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

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

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

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

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☒ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

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

**"Flight Crewmember 1" Identification**

First Name: Matthew

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

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

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

Last Name: Chikeles

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

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

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

**Degree of Injury**

☐ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

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

**Restraint Type****Available**

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

**Used**

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

Supplemental Restraint, specify: \_\_\_\_\_

**Inflatable Restraints**

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

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

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

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

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

**Medical Certificate Limitations****Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

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

**Flight Review Aircraft**

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

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

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

☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

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

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

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

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

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

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

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

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☒ 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: Jason

City of Residence: Edina

Middle Initial: R

State: MN ZIP: 55439

Last Name: Berger

Country: USA

Age at time of Accident/Incident: 56

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

**Degree of Injury**

☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

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

**Restraint Type****Available**

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

**Used**

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

Supplemental Restraint, specify: \_\_\_\_\_

**Inflatable Restraints**

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

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

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

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

06/11/2024  
 mm/dd/yyyy

**Medical Certificate Limitations**

Must wear corrective lenses.

**Medical Certificate Special Limitations**

None

**Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☒ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

05/29/2024  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna

Model: 177B

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

☒ Single-Engine Land  
☒ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

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

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

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

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

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

☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements**

High performance  
 Complex  
 Tailwheel

**Student Endorsements** (Include dates)

XCountry Solo - 07/04/1996

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 592          | 1                 | 592                    | 0                    | 9     | 4          | 13        | 0          | 0      | 0                | 0                       | 119        |
| Pilot in Command (PIC)                 | 446          | 1                 | 446                    | 0                    | 9     | 4          | 13        | 0          | 0      | 0                | 0                       | 119        |
| Time as Instructor                     | 0            |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 27           | 0                 | 27                     | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 0          |
| Last 30 Days                           | 0            |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          | 0            |                   |                        |                      |       |            |           |            |        |                  |                         |            |

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information.)

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <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><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br>Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<br>_____ | <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><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet, if necessary.)

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Seat                                                                                                                                         | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><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 | Available      Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br>Supplemental Restraint, specify:<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 | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="checkbox"/> Child<br>Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 years,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 years,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 years,<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>KANE</u><br>City: <u>Anoka</u><br>State: <u>MN</u><br>Country: <u>US</u> | <b>Time of Departure</b><br>Time: <u>15:28</u><br>HH:MM<br>Time Zone: <u>CDT</u> | <b>Flight Information</b><br>Flight Number: _____<br>Operating as Flight _____ | <b>Destination</b><br>Airport ID: <u>25D</u><br>City: <u>Forest Lake</u><br>State: <u>MN</u><br>Country: <u>US</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company <input type="radio"/> IFR<br>VFR <input type="radio"/> Unknown<br><input type="radio"/> Military<br>VFR<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><input type="radio"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                     |                                          |                                                         |                                                          |                                                 |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>                                                                  |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Certificate of Authorization                                                                               | <input type="checkbox"/> Special VFR     | <input type="checkbox"/> Special IFR                    | <input type="checkbox"/> VFR Flight Following            | <input type="checkbox"/> Cruise                 |                                                                |
| <input checked="" type="checkbox"/> VFR                                                                                             | <input type="checkbox"/> IFR             | <input type="checkbox"/> VFR On Top                     | <input type="checkbox"/> Traffic Advisory                | <input type="checkbox"/> Unknown / NA           |                                                                |
| <input type="checkbox"/> None                                                                                                       |                                          |                                                         |                                                          |                                                 |                                                                |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i>                                                  |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Class A                                                                                                    | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                         |                                                 |                                                                |
| <input type="checkbox"/> Class B                                                                                                    | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area        |                                                 |                                                                |
| <input type="checkbox"/> Class C                                                                                                    | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                         |                                                 |                                                                |
| <input type="checkbox"/> Class D                                                                                                    | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                          |                                                 |                                                                |
| <input checked="" type="checkbox"/> Class E                                                                                         | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         | Altitude of In-Flight Occurrence: <u>930</u> ft. MSL     |                                                 |                                                                |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                                                            |                                          |                                                         |                                                          |                                                 |                                                                |
| <b>Source of Pilot Weather Information</b><br><i>(Check all that apply)</i>                                                         |                                          |                                                         | <b>Weather Observation Facility</b>                      |                                                 |                                                                |
| <input checked="" type="checkbox"/> National Weather Service                                                                        |                                          |                                                         | Facility ID: <u>KANE</u>                                 |                                                 |                                                                |
| <input type="checkbox"/> Flight Service Station                                                                                     |                                          |                                                         | Observation Time: <u>1200</u>                            |                                                 |                                                                |
| <input type="checkbox"/> TV/Radio                                                                                                   |                                          |                                                         | Time Zone: <u>CDT</u>                                    |                                                 |                                                                |
| <input type="checkbox"/> Automated Report                                                                                           |                                          |                                                         | Distance from Accident Site: <u>20.00</u> nm             |                                                 |                                                                |
| <input checked="" type="checkbox"/> Electronic Flight Bag-Application: ForeFlight                                                   |                                          |                                                         | Direction from Accident Site: <u>260.00</u> degrees true |                                                 |                                                                |
| <input type="checkbox"/> On-Board Weather                                                                                           |                                          |                                                         |                                                          |                                                 |                                                                |
| <b>Basic Conditions</b>                                                                                                             |                                          | <b>Lowest Cloud Condition</b>                           | <b>Light Condition</b>                                   |                                                 |                                                                |
| <input checked="" type="radio"/> VMC                                                                                                |                                          | <b>Height</b>                                           | <input type="radio"/> Dawn                               |                                                 |                                                                |
| <input type="radio"/> IMC                                                                                                           |                                          | <u>12000</u> ft. AGL                                    | <input type="radio"/> Dusk                               |                                                 |                                                                |
| <input type="radio"/> Unknown                                                                                                       |                                          |                                                         | <input checked="" type="radio"/> Day                     |                                                 |                                                                |
|                                                                                                                                     |                                          |                                                         | <input type="radio"/> Night                              |                                                 |                                                                |
|                                                                                                                                     |                                          |                                                         | <input type="radio"/> Dark Night                         |                                                 |                                                                |
|                                                                                                                                     |                                          |                                                         | <input type="radio"/> Bright Night                       |                                                 |                                                                |
|                                                                                                                                     |                                          |                                                         | <input type="radio"/> Unknown                            |                                                 |                                                                |
| <b>Sky/Lowest Cloud Condition</b>                                                                                                   |                                          | <b>Ceiling</b>                                          | <b>Ceiling Height</b>                                    |                                                 |                                                                |
| <input type="radio"/> Clear                                                                                                         |                                          | <input type="radio"/> None (Clear)                      | <u>12000</u> ft. AGL                                     | Temperature: _____ (°C) or <u>70.4</u> (°F)     |                                                                |
| <input type="radio"/> Thin Broken                                                                                                   |                                          | <input type="radio"/> Broken                            |                                                          | Dewpoint: _____ (°C) or <u>45.4</u> (°F)        |                                                                |
| <input type="radio"/> Few                                                                                                           |                                          | <input type="radio"/> Overcast                          |                                                          |                                                 |                                                                |
| <input type="radio"/> Partial                                                                                                       |                                          | <input type="radio"/> Obscured                          |                                                          |                                                 |                                                                |
| <input type="radio"/> Obscuration                                                                                                   |                                          | <input type="radio"/> Indefinite                        |                                                          |                                                 |                                                                |
| <input checked="" type="radio"/> Scattered                                                                                          |                                          | <input type="radio"/> Unknown                           |                                                          |                                                 |                                                                |
|                                                                                                                                     |                                          |                                                         |                                                          |                                                 |                                                                |
| <b>Altimeter Setting:</b>                                                                                                           |                                          | <b>Wind Direction</b>                                   | <b>Wind Speed</b>                                        | <b>Wind Gusts</b>                               | <b>Visibility</b>                                              |
| <u>30.19</u> (Hg), or _____ (mb)                                                                                                    |                                          | <input type="checkbox"/> Variable or                    | <input type="checkbox"/> Calm                            | <input checked="" type="checkbox"/> Not Gusting | <u>10.0</u> miles                                              |
|                                                                                                                                     |                                          | Direction: <u>140.00</u>                                | <input type="checkbox"/> Light and Variable              | Speed: _____ kts                                | RVR: _____ feet                                                |
|                                                                                                                                     |                                          | degrees true                                            | Speed: <u>5.0</u> kts                                    |                                                 | RVV: _____ miles                                               |
|                                                                                                                                     |                                          |                                                         |                                                          |                                                 | Density Altitude: _____ ft.                                    |
| <b>Type of Precipitation</b> <i>(Check all that apply)</i>                                                                          |                                          |                                                         |                                                          |                                                 | <b>Restriction to Visibility</b> <i>(Check all that apply)</i> |
| <input checked="" type="checkbox"/> None                                                                                            |                                          |                                                         |                                                          |                                                 | <input checked="" type="checkbox"/> None                       |
| <input type="checkbox"/> Rain                                                                                                       |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Fog                                   |
| <input type="checkbox"/> Snow                                                                                                       |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Blowing Dust                          |
| <input type="checkbox"/> Hail                                                                                                       |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Blowing Sand                          |
| <input type="checkbox"/> Rain Showers                                                                                               |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Blowing Snow                          |
| <input type="checkbox"/> Drizzle                                                                                                    |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Blowing Spray                         |
| <input type="checkbox"/> Ice Pellets                                                                                                |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Dust                                  |
| <input type="checkbox"/> Snow Pellets                                                                                               |                                          |                                                         |                                                          |                                                 | <input type="checkbox"/> Unknown                               |
| <input type="checkbox"/> Snow Grains                                                                                                |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Freezing Rain                                                                                              |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Snow Shower                                                                                                |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Ice Pellets Shower                                                                                         |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Freezing Drizzle                                                                                           |                                          |                                                         |                                                          |                                                 |                                                                |
| <input type="checkbox"/> Ice Crystals                                                                                               |                                          |                                                         |                                                          |                                                 |                                                                |
| <b>Icing Forecast</b>                                                                                                               |                                          | <b>Intensity of Precipitation</b>                       | <b>Icing Actual</b>                                      |                                                 | <b>Turbulence</b> <i>(Check all that apply)</i>                |
| <b>Amount</b>                                                                                                                       | <b>Type</b>                              | <input type="radio"/> Light                             | <b>Amount</b>                                            | <b>Type</b>                                     | <b>Type</b>                                                    |
| <input checked="" type="radio"/> None                                                                                               | <input type="radio"/> N/A                | <input type="radio"/> Moderate                          | <input type="radio"/> None                               | <input type="radio"/> N/A                       | <input checked="" type="checkbox"/> None                       |
| <input type="radio"/> Trace                                                                                                         | <input type="radio"/> Rime               | <input type="radio"/> Heavy                             | <input type="radio"/> Trace                              | <input type="radio"/> Rime                      | <input type="checkbox"/> Light                                 |
| <input type="radio"/> Light                                                                                                         | <input type="radio"/> Clear              | <input type="radio"/> N/A                               | <input type="radio"/> Light                              | <input type="radio"/> Clear                     | <input type="checkbox"/> Moderate                              |
| <input type="radio"/> Moderate                                                                                                      | <input type="radio"/> Mixed              | <input type="radio"/> Unknown                           | <input type="radio"/> Moderate                           | <input type="radio"/> Mixed                     | <input type="checkbox"/> Severe                                |
| <input type="radio"/> Severe                                                                                                        | <input type="radio"/> Unknown            |                                                         | <input type="radio"/> Severe                             | <input type="radio"/> Unknown                   | <input type="checkbox"/> Extreme                               |
| <input type="radio"/> Unknown                                                                                                       |                                          |                                                         | <input type="radio"/> Unknown                            |                                                 |                                                                |
| <b>NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>                                 |                                          |                                                         |                                                          |                                                 |                                                                |
| Historic NOTAM on 05/29/2024:                                                                                                       |                                          |                                                         |                                                          |                                                 |                                                                |
| IPNM 04/063 25D OBST TOWER LGT (ASR 1024926) 452744.00N0925613.00W (13.1NM NE 25D) 1190.0FT (290.0FT AGL) U/S 2404041218-2406012359 |                                          |                                                         |                                                          |                                                 |                                                                |

**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                ☐ Fire at Unknown Time  
☐ On-Ground              ☐ Unknown

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

Propeller strike, damage to one side and elevator, plus apparently bent airframe.

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

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

I met with Gateway instructor, Matthew "Chik" Chikeles in the afternoon of May 29, 2024 to preflight N177GW and review club documents in preparation for our checkout in the Cardinal and a biennial flight review. We flew to a practice area about ten miles north of Forest Lake, MN (25D) where we conducted maneuvers (see attached Track Log). We practiced a power off landing about five miles north of Forest Lake over a field. We proceeded to enter a left downwind for landing at 25D. At entry, we commenced another power off landing. I was acting as PIC and reached a point above the last group of trees surrounding the airfield at which point I put power back in because I felt that we had made the airfield and could have landed in an emergency situation, but were not at the right angle or approach to actually make the landing. My instructor advised me to continue on with the landing, so I pulled the power back out to idle. We got closer to the runway, about 50 – 75 ft over the ground, when I indicated that I didn't think it was going to work out, so transferred control of the aircraft to Chik. He successfully landed the aircraft, but had one wheel off the pavement. Due to the out of tolerance slope of the ditch on either side of this particular runway, we veered to the right into the ditch. At the end of the runway, we struck a VASI light and damaged the propeller. We taxied over to the ramp to inspect the damage. There were no injuries. Neither of us noticed anything unusual about the aircraft performance or handling.

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

In a presentation I made to the Gateway Board a few weeks after the incident, I agreed with their finding that the instructor should not have advised completing the landing, but that I was responsible for not following my own initial judgement to abort.

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

44.0 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify \_\_\_\_\_

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:

Normal exit from airplane doors at ramp.

**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft.)

Aircraft Registration Number

N177GWManufacturer: CessnaModel: 177B

Damage to Other Aircraft:

☐ Destroyed☒ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Name: Gateway Flying ClubCity: AnokaState: MN ZIP: 55449Country: USA

Pilot of Other Aircraft

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

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

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

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

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

We are missing some technical information about the aircraft, engine, and propeller. The plane was sold to a flight school in Marquette MI so this information is no longer in our possession. We are working with the new owner to obtain this and will provide it to NTSB as soon as it becomes available.

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

I understand that the information provided may be subject to public release.

|                                                                       |                                                                                                                                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this report:</b><br><u>11/27/2024</u><br><i>mm/dd/yyyy</i> | <b>Name of Pilot/Operator:</b> <u>Jason R Berger</u><br><b>Signature:</b> _____<br>-or- <input checked="" type="checkbox"/> Check here to electronically sign this document |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If a person other than Pilot/Operator is filing this report**

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

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|-------------------------------------------------|--------------------------------------------|--------------------------------------|-------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>CEN24LA381 | <b>Reviewed by NTSB AS Division</b><br>CEN | <b>Name of Investigator</b><br>Sauer | <b>Date Report Received</b><br>11/27/2024 |
|-------------------------------------------------|--------------------------------------------|--------------------------------------|-------------------------------------------|