

**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: Greenville State: MSZIP: 38703 Country: USALatitude: 33.28.58N Longitude: 090.59.08W

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

**Accident/Incident Date/Time**Date: 01/02/2025 Local Time: 18:54

mm/dd/yyyy

HH:MM

Time Zone: CTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N438SWManufacturer: BombardierModel: CL-600-2B19Serial Number: 7574Year of Manufacture: 2,001Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

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

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 53,000 lbs.Weight at Time of Accident/Incident: 46,750 lbs.Number of Seats: 30 Flight Crew Seats: 2Cabin Crew Seats: 1 Passenger Seats: 30Number of Engines: 2**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)

- |                                                                       |                                                   |
|-----------------------------------------------------------------------|---------------------------------------------------|
| <b>Standard</b>                                                       | <b>Special</b>                                    |
| <input type="checkbox"/> Normal                                       | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input checked="" type="checkbox"/> Transport                         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility                                      | <input type="checkbox"/> Special Light-Sport      |
|                                                                       | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) |                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> 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 type="radio"/> Horsepower or<br><input checked="" type="radio"/> Lbs. of Thrust | Total Time<br>(hours) | Inspection<br>(hours) | Time Since:<br>Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------------------|
| Eng. 1 | General Electric    | CF34-3B1            | 872237               | 07/01/1997                   | 9,200                                                                                                 | 45,500                | 5,391                 |                                    |
| Eng. 2 | General Electric    | CF34-3B1            | 807479C              | 12/01/1996                   | 9,200                                                                                                 | 45,039                | 643                   |                                    |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                       |                       |                                    |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                       |                       |                                    |

**Last Inspection Type**

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

Date of Last Inspection: 06/24/2024  
mm/dd/yyyyAirframe Total Time: 44,082.9 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: Engine, APU, Handheld

**Additional Equipment**

- ☒ ADS-B  
☐ Airframe Parachute  
☒ Angle of Attack Indicator  
☐ Autopilot  
☒ Autopilot/FMS, Model: Collins  
☒ 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: Go Go WFI

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: ArtezModel or Part No.: 453-5000TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☒ C126 (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 ☐ UnknownPropeller 1 ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

Propeller 2 ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>Corporate Flight Management</u><br>City: <u>Smyrna</u> State: <u>TN</u><br>ZIP: <u>37167</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Fractional Ownership Aircraft:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> <i>The Operator is also the Registered Owner</i><br>Name: <u>Corporate Flight Management</u><br>City: <u>Smyrna</u> State: <u>TN</u><br>ZIP: <u>37167</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> <i>Same address as Registered Owner</i><br>Doing Business As: <u>Contour Airlines</u><br>Air Carrier/Operator Designator (4-character code): <u>FJTA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                                       | <b>Regulation Flight Conducted Under</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> FAR 91<br/> <input type="radio"/> FAR 103<br/> <input type="radio"/> FAR 121<br/> <input type="radio"/> FAR 125             </div> <div style="width: 33%;"> <input type="radio"/> FAR 129<br/> <input type="radio"/> FAR 133<br/> <input checked="" type="radio"/> FAR 135<br/> <input type="radio"/> FAR 137             </div> <div style="width: 33%;"> <input type="radio"/> FAR 415<br/> <input type="radio"/> FAR 431<br/> <input type="radio"/> FAR 435<br/> <input type="radio"/> FAR 437<br/> <input type="radio"/> FAR 450             </div> </div> <input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input checked="" type="radio"/> Non-Scheduled or Air Taxi             </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International             </div> </div> <input checked="" type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only<br><br><b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application<br/> <input type="radio"/> Aerial Observation<br/> <input type="radio"/> Air Drop<br/> <input type="radio"/> Air Race/Show<br/> <input type="radio"/> Banner Tow<br/> <input type="radio"/> Business<br/> <input type="radio"/> Executive/Corporate<br/> <input type="radio"/> External Load<br/> <input type="radio"/> Ferry             </div> <div> <input type="radio"/> Firefighting<br/> <input type="radio"/> Flight Test<br/> <input type="radio"/> Glider Tow<br/> <input type="radio"/> Instructional<br/> <input type="radio"/> Other Work Use<br/> <input type="radio"/> Personal<br/> <input type="radio"/> Positioning<br/> <input type="radio"/> Skydiving<br/> <input type="radio"/> Unknown             </div> </div> |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Airport Name:</b> <u>Greenville Mid-Delta</u><br><b>Airport Identifier:</b> <u>KGLH</u><br><b>Proximity to Airport:</b> <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Distance From Airport Center:</b> <u>5.00</u> sm.<br><b>Direction From Airport:</b> <u>360.00</u> degrees true<br><b>Airport Elevation:</b> <u>131.00</u> ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Runway Information</b><br>Runway ID: <u>18L</u> Length: <u>8,001</u> ft.    Width: <u>150</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input checked="" type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered             </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation             </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Asphalt<br/> <input checked="" type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt<br/> <input type="checkbox"/> Elevated Heliport             </div> <div style="width: 33%;"> <input type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input type="checkbox"/> Helideck<br/> <input type="checkbox"/> Helistop             </div> <div style="width: 33%;"> <input type="checkbox"/> Ice<br/> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input type="checkbox"/> Off-site landing area             </div> <div style="width: 33%;"> <input type="checkbox"/> Snow<br/> <input type="checkbox"/> Water<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb             </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance             </div> <div style="width: 25%;"> <input checked="" type="radio"/> On Instrument Approach<br/> <input type="radio"/> Landing             </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind             </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN             </div> <div style="width: 33%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input checked="" type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV             </div> <div style="width: 33%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling             </div> <div style="width: 33%;"> <input type="checkbox"/> Practice<br/> <input type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop             </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

**"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: Martin

City of Residence: Wellington

Middle Initial: P

State: FL ZIP: 33414

Last Name: Considine

Country: USA

Age at time of Accident/Incident: 67

Date of Birth:                      (mm/dd/yyyy)

Certificate Number:                     

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br><input type="radio"/> Minor                                                                                                                                                                                                                                                                                              |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                             |  | <b>Restraint Type</b><br><table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |  | Available                                                      | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|------------------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Used                                     |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None               |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 3-point            |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> 4-point |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial<br><input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational<br><input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Sport<br><input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer |                                          |                                                                                                                                                                                                                                                                                            |  | <b>Supplemental Restraint, specify:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                   |                                          | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Unknown<br><input checked="" type="radio"/> Class 1 <input type="radio"/> BasicMed<br><input type="radio"/> Class 2 <input type="radio"/> Driver's License (Sport Pilot only) |  | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Date of Last Medical</b><br><u>12/10/2024</u><br>mm/dd/yyyy |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |
| <b>Medical Certificate Limitations</b><br>MUST USE CORRECTIVE LENS(ES) TO MEET VISION STANDARDS AT ALL REQUIRED DISTANCES                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                                                                                                                                                                            |  | <b>Medical Certificate Special Limitations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                |      |                            |                            |                                |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |  |

**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:** 08/23/2024  
mm/dd/yyyy

**Flight Review Aircraft**

**Make:** Mitsubishi Heavy Industries (Bombardier)

**Model:** CL600-2B19

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

**Type Ratings and Applicable Logbook Endorsements**

A310,B727, B757, B767, B777, B787, CL65, DC9, G1159, L382, MD11

**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                             | 21,267       | 825               |                        | 21,267               | 6,621 | 4,040      |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 | 14,092       | 715               |                        | 14,092               | 6,621 | 4,040      |           |            |        |                  |                         |            |
| Time as Instructor                     | 597          | 0                 |                        | 597                  | 212   | 167        |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 92           | 92                |                        | 92                   | 16    | 4          |           |            |        |                  |                         |            |
| Last 30 Days                           | 23           | 23                |                        | 23                   | 4     | 2          |           |            |        |                  |                         |            |
| Last 24 Hours                          | 14           | 14                |                        | 14                   | 3     | 1          |           |            |        |                  |                         |            |

**"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: Alyssa

City of Residence: Miramar

Middle Initial: Lyn

State: FL ZIP: 33029

Last Name: Zubiate

Country: USA

Age at time of Accident/Incident: 24

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

**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

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

**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**

05/22/2024  
 mm/dd/yyyy

**Medical Certificate Limitations**

none

**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:**

12/01/2024  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Mitsubishi Heavy Industries (Bombardier)

Model: CL600-2B19

**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**

CL65, CL65 SIC Privileges Only

**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                             | 920          | 104               | 768                    | 152                  | 135   | 6          | 96        |            |        |                  |                         | 3          |
| Pilot in Command (PIC)                 | 686          |                   | 656                    | 30                   | 80    | 3          | 90        |            |        |                  |                         |            |
| Time as Instructor                     | 430          |                   | 430                    |                      | 40    |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      | 4     | 3          |           |            |        |                  |                         |            |
| Last 90 Days                           | 104          | 104               |                        | 104                  |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           | 62           | 62                |                        | 62                   |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

**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: _____ |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

| Pilot Certificate(s) (Check all the apply)                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         | Restraint Type                                                                                                                                                                                 | Inflatable Restraints |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <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 | 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 | <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><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                               |                       |

| 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: _____ |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

| Pilot Certificate(s) (Check all the apply)                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         | Restraint Type                                                                                                                                                                                 | Inflatable Restraints |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <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 | 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 | <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><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                               |                       |

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

| Number of Passengers <u>28</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           |                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Passenger Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Seat                                                                                                                                                    | Injury                                                                                                                                                                | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Inflatable Restraints                                                                                                                                                                                     | Age                                                                                                                                                                            |
| First Name: <u>Kimberly</u> City: <u>Highland</u><br>Middle Initial: <u>L</u> State: <u>IN</u> Zip: <u>46322</u><br>Last name: <u>Ford</u> Country: <u>USA</u><br><br><input checked="" 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 checked="" type="radio"/> Unknown<br><br>Row: _____ | <input checked="" 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 checked="" type="radio"/> 4-point <input checked="" 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><br><b>Supplemental Restraint, specify:</b><br>_____ | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="radio"/> Child<br>Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: <u>See Attached Manifest</u> 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<br><b>Supplemental Restraint, specify:</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 | <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<br><b>Supplemental Restraint, specify:</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 | <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<br><b>Supplemental Restraint, specify:</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 | <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**

| Last Departure Point                                                                                  | Time of Departure                                   | Flight Information                                               | Destination                                                                                   | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>KDFW</u><br>City: <u>Dallas / Ft. Worth</u><br>State: <u>TX</u><br>Country: <u>USA</u> | Time: <u>17:30</u><br>HH:MM<br>Time Zone: <u>CT</u> | Flight Number: <u>3502</u><br>Operating as Flight <u>LF 3502</u> | Airport ID: <u>KGLH</u><br>City: <u>Greenville</u><br>State: <u>MS</u><br>Country: <u>USA</u> | <input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company <input type="radio"/> IFR<br><input type="radio"/> VFR <input type="radio"/> Unknown<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br>Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <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 type="checkbox"/> VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" 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> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <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>3000</u> ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>Weather Observation Facility</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input checked="" type="checkbox"/> Electronic Flight Bag-Application: ForeFlight<br><input checked="" type="checkbox"/> On-Board Weather                                                                                                                                                                                                                |                                                                                                                                                                           |                                                                                                                                                                                                                        | Facility ID: <u>KGLH</u><br>Observation Time: <u>0053z</u><br>Time Zone: <u>UCT</u><br>Distance from Accident Site: <u>5.00</u> nm<br>Direction from Accident Site: <u>180.00</u> degrees true                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <b>Basic Conditions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                           | <b>Lowest Cloud Condition</b>                                                                                                                                                                                          | <b>Light Condition</b>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                           | Height<br>CLR <u>          </u> ft. AGL                                                                                                                                                                                | <input type="radio"/> Dawn<br><input type="radio"/> Day<br><input type="radio"/> Dusk<br><input checked="" type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <b>Sky/Lowest Cloud Condition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                           | <b>Ceiling</b>                                                                                                                                                                                                         | <b>Ceiling Height</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial<br><input type="radio"/> Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                |                                                                                                                                                                           | <input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown | <u>          </u> ft. AGL                                                                                                                                                                                                                  | Temperature: <u>6.00</u> (°C) or <u>          </u> (°F)<br>Dewpoint: <u>4.00</u> (°C) or <u>          </u> (°F)                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| <b>Altimeter Setting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Wind Direction</b>                                                                                                                                                     | <b>Wind Speed</b>                                                                                                                                                                                                      | <b>Wind Gusts</b>                                                                                                                                                                                                                          | <b>Visibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
| <u>30.29</u> (Hg), or <u>          </u> (mb)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Variable or<br>Direction: <u>40.00</u> degrees true                                                                                              | <input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable or<br>Speed: <u>3.0</u> kts                                                                                                               | <input checked="" type="checkbox"/> Not Gusting or<br>Speed: <u>          </u> kts                                                                                                                                                         | <u>10.0</u> miles<br>RVR: <u>          </u> feet<br>RVV: <u>          </u> miles<br>Density Altitude: <u>          </u> ft.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                         |
| <b>Type of Precipitation</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            | <b>Restriction to Visibility</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |                                                                                                                                                                                         |
| <b>Icing Forecast</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                           | <b>Intensity of Precipitation</b>                                                                                                                                                                                      | <b>Icing Actual</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Turbulence</b> (Check all that apply)                                                                                                                                                |
| Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                         | Type<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                             | Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown                           | Type<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                        | Type<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Clean Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective<br>Turbulence |
| <b>NOTAMs (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| GLH UA /OV GLH315015/TM 0048/FL340/TP B737/TB MOD/RM ZME<br>GWO UA /OV SQS315025/TM 0024/FL340/TP CRJ9/TB CONS LGT-OCNL MOD CHOP 340-335/RM ZME<br>No Sigmet or Airmets                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| GLH Runway 18R Precision Approach Path Indicator LOW Intensity Out of Service. Expiration estimated. GLH 12/001<br><br>Effective Dec 6 2024, 6:31 AM CST (Active)<br>Expires Mar 28 2025, 3:00 PM CDT (in 79 days)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |
| GLH Obstruction/Obstacle TOWER Light (ASR 1220832) 332514.50N0910221.00W (4.8NM SW GLH) 410.8FT (289.7FT Above Ground Level) Out of Service. GLH 12/025<br><br>Effective Dec 28 2024, 4:45 PM CST (Active)<br>Expires Jan 11 2025, 11:00 PM CST (in 244 days)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |

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

GLH UA /OV GLH315015/TM 0048/FL340/TP B737/TB MOD/RM ZME

GWO UA /OV SQS315025/TM 0024/FL340/TP CRJ9/TB CONS LGT-OCNL MOD CHOP 340-335/RM ZME

No Sigmets or Airmets

GLH Runway 18R Precision Approach Path Indicator LOW Intensity Out of Service. Expiration estimated.  
GLH 12/001

Effective Dec 6 2024, 6:31 AM CST (Active)

Expires Mar 28 2025, 3:00 PM CDT (in 79 days)

GLH Obstruction/Obstacle TOWER Light (ASR 1220832) 332514.50N0910221.00W (4.8NM SW GLH)  
410.8FT (289.7FT Above Ground Level) Out of Service. GLH 12/025

Effective Dec 28 2024, 4:45 PM CST (Active)

Expires Jan 11 2025, 11:00 PM CST (in 3d14h)

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

- ☐ None  
☐ Minor  
☒ Substantial  
☐ Destroyed  
☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Bulkhead FS169 puncture, LH skin at FS 173 damage, Aft frame FS195 cracked, RTU structure detached, Radome damaged, Skin Canopy has a large dent, Winglet leading edge damage, V-Stab dent damage.

**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.

LF3502 departed KDFW at 23:30z on 02 December 2025 with 28 passengers and a crew of 3. The destination was KGLH. The aircraft was serviced with 1051 gallons of Jet A prior to departure. FOD was 11,600#. At approximately 0054z, while descending thru 3000' msl, the aircraft was struck by several large birds. (See narrative from the pilot's report below). The aircraft landed without further incident. There were no injuries to passengers or crew.

(IROP Bird Strike) While flying Contour Airlines Flight 3502 (CRJ200) from KDFW to KGLH, encountered a flock of birds approximately 3000 feet and 200 KIAS. We were five miles north of KGLH when several birds struck the aircraft and penetrated various sections. No engine loss occurred. Incident occurred at night, didn't observe the large birds until they struck the airplane. Captains PFD displayed FAULT on a black background and was unusable. Standby and Copilots instruments were used and operated normal. Landed on runway 18L without further incident. Upon post flight inspection, noted several aircraft sections where birds had impacted the aircraft.

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

| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a separate sheet.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Total Time/ Cycles On Part</b><br>_____ Hours<br>_____ Cycles                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| FUEL & SERVICES INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| <b>Fuel on Board at Last Takeoff</b><br>(Convert from pounds, as necessary)<br><br>1,731.0 _____ Gallons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Fuel Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 100 Low Lead<br/> <input type="radio"/> Automotive         </div> <div> <input checked="" type="radio"/> Jet A<br/> <input type="radio"/> Jet A-1         </div> <div> <input type="radio"/> Unleaded AV<br/> <input type="radio"/> Other, specify _____         </div> </div> |                                                                                                                                                                             |
| Other Services, if any, prior to departure:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| EVACUATION OF AIRCRAFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:<br><br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| Aircraft Registration Number<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                         | <b>Damage to Other Aircraft:</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |
| <b>Registered Owner of Other Aircraft</b><br><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                             | <b>Pilot of Other Aircraft</b><br><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                               |
| ADDITIONAL INFORMATION (Additional space for answers to any question.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
| KGLH 030053Z AUTO 04003KT 10SM CLR 06/04 A3029 RMK AO2 SLP268 T00610044 \$<br>KGLH 022353Z 00000KT 10SM CLR 09/03 A3028 RMK AO2 SLP264 T00890028 10117 20078 53004 \$<br>KGLH 022253Z 17003KT 10SM CLR 11/04 A3027 RMK AO2 SLP259 T01060039 \$<br><br>Kimberly Ford was the Flight Attendant for the flight.<br><br>There was 1 infant/lap child onboard. All passengers are listed on the attached file with their seat assignments. Contour does not retain passenger city, state and zip code information. All passengers had lap seat belts available and were using the seat belts. There were no injuries to any passenger. |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |

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.

Date of this report:

01/14/2025

mm/dd/yyyy

Name of Pilot/Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

-or- ☐ Check here to electronically sign this document

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

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-or- ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

CEN25LA070

Reviewed by NTSB AS Division

Central Region

Name of Investigator

T. Sorensen

Date Report Received

01/23/2025