

## 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: Canadian LakesState: MIZIP: 49346Country: US

Latitude:

Longitude:

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

## Accident/Incident Date/Time

Date: 2025-07-26Local Time: 22:16mm/dd/yyyyTime Zone: America/Detroit

## Collision with Other

☐ Midair

## Aircraft:

☐ On-ground☒ None

## AIRCRAFT INFORMATION

Registration Number: N627WTManufacturer: CirrusModel: SR22TSerial Number: 9793Year of Manufacture: 2024Amateur-Built: ☐ YesIf yes: ☐ Original Design☒ No☐ Kit/Plans

Make:

☒ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 3600 lbsWeight at Time of Accident/Incident: 3000 lbsNumber of Seats: 5Flight Crew Seats: 2

Cabin Crew Seats:

Passenger Seats: 3Number of Engines: 1Category 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 checked="" 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 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 Waiver or Authorization (COA) |                                                   |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown        |                                                   |

Landing Gear  
(Check all that apply)

- |                                                       |                                    |
|-------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Retractable                  | <input type="checkbox"/> High Skid |
| <input checked="" type="checkbox"/> Tricycle          | <input type="checkbox"/> Skid      |
| <input type="checkbox"/> Tailwheel                    | <input type="checkbox"/> Ski/Wheel |
| <input type="checkbox"/> Emergency Float              | <input type="checkbox"/> Hull      |
| <input type="checkbox"/> Float                        | <input type="checkbox"/> Ski       |
| <input type="checkbox"/> Amphibian                    |                                    |
| <input type="checkbox"/> Other Launch/Recovery System |                                    |
| <input type="checkbox"/> None                         | <input type="checkbox"/> Unknown   |

Engine Type  
(Select one)

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="radio"/> Reciprocating | <input type="radio"/> Liquid Rocket |
| <input type="radio"/> Turbo Shaft   | <input type="radio"/> Solid Rocket  |
| <input type="radio"/> Turbo Prop    | <input type="radio"/> Hybrid Rocket |
| <input type="radio"/> Turbo Jet     | <input type="radio"/> None          |
| <input type="radio"/> Turbo Fan     | <input type="radio"/> Unknown       |
| <input type="radio"/> Electric      |                                     |

## Fuel System Type (Reciprocating)

- ☒
- Carburetor
- ☐
- Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yy<br>yy) | Rated Power<br>• or<br>○ | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|----------------------------------|--------------------------|-----------------------|--------------------------------------|---------------------|
| Eng 1  | Cont                | TSIO-550-K          |                      |                                  | 315                      | 521.8                 | 30                                   |                     |
| Eng 2  |                     |                     |                      |                                  |                          |                       |                                      |                     |
| Eng 3  |                     |                     |                      |                                  |                          |                       |                                      |                     |
| Eng 4  |                     |                     |                      |                                  |                          |                       |                                      |                     |

## Last Inspection Type

- ☐ 100-Hour
- ☐ AAIP
- ☒ Annual
- ☐ Continuous Airworthiness
- «Last inspection type Condition Inspection» Condition
- ☐ Unknown

Date of Last Inspection: (mm/dd/yyyy) 2024-03-20Airframe Total Time: 390.7 hours

Hours measured at (Select one)

- ☒
- Last Inspection
- ☐
- Time of Accident/Incident

## Additional Equipment

- |                                                                              |                                                               |
|------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> ADS-B                                    | <input type="checkbox"/> Handheld GPS                         |
| <input checked="" type="checkbox"/> Airframe Parachute                       | <input type="checkbox"/> Heads Up Display                     |
| <input checked="" type="checkbox"/> Angle of Attack Indicator                | <input type="checkbox"/> Night Vision Goggles                 |
| <input checked="" type="checkbox"/> Autopilot                                | <input checked="" type="checkbox"/> Onboard Weather           |
| <input checked="" type="checkbox"/> Autopilot/FMS, Model <u>G2000</u>        | <input checked="" type="checkbox"/> Primary Flight Display    |
| <input checked="" type="checkbox"/> Coupled Flight Director                  | <input type="checkbox"/> SAS, Axis: Model:                    |
| <input checked="" type="checkbox"/> Data Recorder                            | <input checked="" type="checkbox"/> Satellite Tracking Device |
| <input checked="" type="checkbox"/> Device Stall Warning System              | <input checked="" type="checkbox"/> Stall Warning System      |
| <input checked="" type="checkbox"/> Electronic Flight Bag or Handheld Device | <input checked="" type="checkbox"/> Video Recording Device    |
| <input checked="" type="checkbox"/> Electronic Multifunction Display         | <input type="checkbox"/> Wire Strike Detection                |
| <input checked="" type="checkbox"/> Electronic Primary Flight Display        | <input checked="" type="checkbox"/> Wire Strike Protection    |
| <input checked="" type="checkbox"/> Flight Management System                 | <input type="checkbox"/> Other, Specify:                      |

ELT Installed ☒ Yes ☐ No

Propeller 1



o Unknown

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

✓ None

✓ None

- ☐ ADF/NDB    ☐ PAR    ☐ MLS  
☐ SDF    ☐ Sidestep    ☐ LDA  
☐ VOR/TVOR    ☐ ILS    ☐ ASR  
☐ VOR/DME    ☐ Localizer Only    ☐ Visual  
☐ TACAN    ☐ LOC-back course    ☐ Contact  
☐ RNAV    ☐ Circling

- ☐ Traffic pattern    ☐ Stop and Go  
☐ Straight-In    ☐ Touch and Go  
☐ Valley/Terrain Following    ☐ Simulated Forced Landing  
☐ Go Around    ☐ Forced landing  
☐ Full Stop    ☐ Precautionary Landing  
☐ Unknown

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

o Captain   o First Officer   • Pilot   o Co-Pilot   o Student Pilot   o Flight Instructor   o Check Pilot   o Flight Engineer   o Other Flight Crew

"Flight Crewmember 1" was pilot flying   ✓ Yes   □ No

**"Flight Crewmember 1" Identification:**

First Name: DAVID    City of Residence: DENVER  
 Middle Initial: L    State: CO    Zip: 80203  
 Last Name: DIMMER    Country: US  
 Age at time of Accident/Incident: 44    Date of Birth:            (mm/dd/yyyy)  
 Certificate Number           

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br>• None<br><input type="radio"/> Unknown<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal                                                                                                                                                                                                                                                                                       | <b>Seat Occupied</b><br>• Left   o Front   o Unknown<br>o Right   o Rear<br>o Center   o Single                                                                                                                                         | <b>Restraint Type</b><br><table border="0"> <tr> <td> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> <td> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> </tr> </table> <b>Supplemental Restraint type:</b> _____ | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input checked="" type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                         | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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   ✓ Private <input type="checkbox"/> Recreational<br><input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Sport<br><input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
| <b>Principle Occupation</b><br>• Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                  | <b>Medical Certificate</b><br><input type="radio"/> None   o BasicMed<br><input type="radio"/> Class 1   o Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2<br><input checked="" type="radio"/> Class 3   o Unknown | <b>Medical Certificate Validity</b><br>• Without limitations/waivers   o Unknown<br><input type="radio"/> With limitations/waivers   o N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br>2024-10-31<br>_____<br>mm/dd/yyyy                                                                                                                                                                |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
| <b>Medical Certificate Limitations</b><br>NONE                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                         | <b>Medical Certificate Special Limitations</b><br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |

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

- ☐ Fire resistant flight suit   ☐ Helmet   ☐ Laserprotective visor/goggles   ☐ 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:**

2024-02-09

mm/dd/yyyy

**Flight Review Aircraft**

Make: CIRRUS

Model: SR-22T

|                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea<br><input type="checkbox"/> None |  | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane |  | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><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><i>(Check all that apply)</i><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><div style="float: right;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport         </div> |  |  |  |  |  |
| <b>Type Ratings and Applicable Logbook Endorsements</b><br>HIGH PERFORMANCE 4/24/2023                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                               |  | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |

| Flight Time<br><i>(Enter hours for each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multi-engine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotocraft | Tail-wheel |
|--------------------------------------------------|--------------|-------------------|------------------------|-----------------------|-------|------------|-----------|------------|--------|------------------|------------------------|------------|
|                                                  |              |                   |                        |                       |       | Actual     | Simulated |            |        |                  |                        |            |
| <b>Total Time</b>                                | 1028.6       | 943.8             | 1028.6                 | 0                     | 249.8 |            |           |            |        |                  |                        |            |
| <b>Pilot-in-Command</b>                          | 832          | 820               | 820                    |                       | 245   |            |           |            |        |                  |                        |            |
| <b>Time as Instructor</b>                        |              |                   |                        |                       |       |            |           |            |        |                  |                        |            |
| <b>This Make/Model</b>                           |              |                   |                        |                       |       |            |           |            |        |                  |                        |            |
| <b>Last 90 Days</b>                              | 82           | 82                |                        | 0                     | 10.9  |            |           |            |        |                  |                        |            |
| <b>Last 30 Days</b>                              | 23.4         | 23.4              | 23.4                   |                       | 1.8   |            |           |            |        |                  |                        |            |
| <b>Last 24 Hrs.</b>                              | 3.6          | 3.6               | 3.6                    |                       | 1.8   |            |           |            |        |                  |                        |            |

**"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: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_  
  
 Certificate Number: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal                                                                                                                                                                                                                                                                                | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single                                                | <b>Restraint Type</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <b>Supplemental Restraint type:</b> _____ | <b>Inflatable Restraints</b><br><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><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 type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Sport<br><input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                                                         | <b>Medical Certificate Validity</b><br><br><input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |
| <b>Principle Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                 | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> BasicMed<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2<br><input type="checkbox"/> Class 3 <input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br><br><div style="text-align: center;">mm/dd/yyyy</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |

**Medical Certificate Limitations**

**Medical Certificate Special Limitations**

**Personal Flight Equipment** *(Check all that apply)*  
☐ Fire resistant flight suit   ☐ Helmet   ☐ Laserprotective visor/goggles   ☐ Personal Locator Beacon(s) (PLB)   ☐ Fire resistant gloves  
☐ Helmet visor   ☐ Night vision goggles   ☐ Personal flotation  
☐ Other: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks:</b><br><br><div style="border-bottom: 1px solid black; width: 100%; text-align: center;">mm/dd/yyyy</div>                                                                                              |  | <b>Flight Review Aircraft</b><br><b>Make:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea<br><input type="checkbox"/> None |  | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane |  | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |  | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input 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><div style="float: right;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport         </div> |  |  |  |  |  |
| <b>Type Ratings and Applicable Logbook Endorsements</b>                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                    |  | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |

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

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

|                                                                                                                                                                        |  |                                                                                                                                                                                                                                        |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Crewmember Information</b><br>First Name: ____ City of Residence: _____<br>Middle Initial: ____ State: ____ Zip: _____<br>Last Name: ____ Country: _____ |  | <b>Seat Occupied</b><br><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 | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Personal Flight Equipment** *(Check all that apply)*  
☐ Fire resistant flight suit   ☐ Helmet   ☐ Laserprotective visor/glasses   ☐ Personal Locator Beacon(s) (PLB)   ☐ Fire resistant gloves  
☐ Helmet visor   ☐ Night vision goggles   ☐ Personal flotation  
☐ Other: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                            | <b>Restraint Type</b><br><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> _____ | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |

|                                                                                                                                                                        |  |                                                                                                                                                                                                                                        |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Crewmember Information</b><br>First Name: ____ City of Residence: _____<br>Middle Initial: ____ State: ____ Zip: _____<br>Last Name: ____ Country: _____ |  | <b>Seat Occupied</b><br><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 | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Personal Flight Equipment** *(Check all that apply)*  
☐ Fire resistant flight suit   ☐ Helmet   ☐ Laserprotective visor/glasses   ☐ Personal Locator Beacon(s) (PLB)   ☐ Fire resistant gloves  
☐ Helmet visor   ☐ Night vision goggles   ☐ Personal flotation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student         </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport         </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer         </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign         </div> </div> |  |                                                                                   | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <b>Supplemental Restraint, specify:</b> _____ |  |
| <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> <u>hrs.</u> _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

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

| <b>Number of Passengers</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Passenger Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Seat                                                                                                                                         | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                   |
| First Name:   City:<br><br>Middle Initial:   State:   Zip:<br><br>Last name:   Country:<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other         </div> </div> <b>Personal Flight Equipment</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <b>Supplemental Restraint, specify:</b> _____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br><i>If under 5 years,</i><br><input type="radio"/> Child<br>Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name:   City:<br><br>Middle Initial:   State:   Zip:<br><br>Last name:   Country:<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other         </div> </div> <b>Personal Flight Equipment</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <b>Supplemental Restraint, specify:</b> _____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br><i>If under 5 years,</i><br><input type="radio"/> Child<br>Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name:   City:<br><br>Middle Initial:   State:   Zip:<br><br>Last name:   Country:<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Crew             <input type="radio"/> Passenger             <input type="radio"/> Other         </div> </div> <b>Personal Flight Equipment</b> <i>(Check all that apply)</i><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                                                                                                                                                                                   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Lap Only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <b>Supplemental Restraint, specify:</b> _____ | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br><br><i>If under 5 years,</i><br><input type="radio"/> Child<br>Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                               |
| 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> _____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br><br><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>0C5</u><br>City: <u>CANADIAN LAKES</u><br>State: <u>MI</u><br>Country: <u>US</u> | Time: <u>22:15</u><br>Time Zone: <u>America/Detroit</u> | Flight Number: _____<br>Operating as Flight <u>627WT</u> | Airport ID: <u>13C</u><br>City: <u>LAKEVIEW</u><br>State: <u>MI</u><br>Country: <u>US</u> | <input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company <input type="radio"/> IFR<br>VFR <input type="radio"/> Unknown<br><input type="radio"/> Military<br>VFR<br><input checked="" type="radio"/> VFR<br><br>Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><input type="radio"/> Unknown |

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

✓ None

- |                                                       |                                      |                                      |                                               |                                       |
|-------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <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 type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

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

- |                                  |                                             |                                                         |                                                   |                                                                     |
|----------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br>_____<br>ft. <u>MSL</u> |
| <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 type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |                                                   |                                                                     |

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

| Source of Pilot Weather Information (Check all that apply)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            | Weather Observation Facility                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input checked="" type="checkbox"/> Electronic Flight Bag-Application: _____<br><input checked="" type="checkbox"/> On-Board Weather | <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true                                                                                                 |  |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                  | <b>Lowest Cloud Condition Height</b><br>ft. <u>AGL</u>                                                                                                                                     | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk<br><input type="radio"/> Day <input type="radio"/> Night<br><input checked="" 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><br>ft. <u>AGL</u>                                                                                                                                                                                                                        |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>● Clear</li> <li>○ Few</li> <li>○ Partial Obscuration</li> <li>○ Scattered</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>○ Thin Broken</li> <li>○ Thin Overcast</li> <li>○ Unknown</li> </ul> | <ul style="list-style-type: none"> <li>● None (Clear)</li> <li>○ Broken</li> <li>○ Overcast</li> <li>○ Obscured</li> <li>○ Indefinite</li> <li>○ Unknown</li> </ul> | <b>Temperature:</b> (°C) or (°F)<br><br><b>Dewpoint:</b> (°C) or (°F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Altimeter Setting:</b><br>Hg<br>or<br>mb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Wind Direction</b><br><br><input type="checkbox"/> Variable<br><br>or<br>Direction:       degrees true   | <b>Wind Speed</b><br>✓ Calm<br><input type="checkbox"/> Light and Variable<br>or<br>Speed:   kts                                                                    | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>or<br>Speed:   kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Visibility</b><br>_____ miles<br>RVR:       _____ feet<br>RVV:       _____ miles<br><b>Destiny Altitude:</b> _____ ft |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Type of Precipitation (Check all that apply)</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> None<br/> <input type="checkbox"/> Rain<br/> <input type="checkbox"/> Snow<br/> <input type="checkbox"/> Hail<br/> <input type="checkbox"/> Rain Showers             </div> <div style="width: 33%;"> <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             </div> <div style="width: 33%;"> <input type="checkbox"/> Freezing Rain<br/> <input type="checkbox"/> Snow Shower<br/> <input type="checkbox"/> Ice Pellets Shower<br/> <input type="checkbox"/> Freezing Drizzle             </div> </div> |                                                                                                             |                                                                                                                                                                     | <b>Restriction to Visibility (Check all that apply)</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input 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             </div> <div style="width: 50%;"> <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             </div> </div> |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Icing Forecast</b><br><b>Amount</b><br>○ None<br><br>○ Trace<br><br>○ Light<br><br>○ Moderate<br><br>○ Severe<br><br>○ Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Type</b><br>○ N/A<br><br>○ Rime<br><br>○ Clear<br><br>○ Mixed<br><br>○ Unknown                           | <b>Intensity of Precipitation</b><br>○ Light<br>○ Moderate<br>○ Heavy<br>○ N/A<br>○ Unknown                                                                         | <b>Icing Actual</b><br><b>Amount</b><br>○ None<br>○ Trace<br>○ Light<br>○ Moderate<br>○ Severe<br>○ Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Type</b><br>○ N/A<br>○ Rime<br>○ Clear<br>○ Mixed<br>○ Unknown                                                        | <b>Turbulence (Check all that apply)</b><br><b>Type</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Clean Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective<br><b>Turbulence</b><br><br><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |

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

#### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

|                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><br><ul style="list-style-type: none"> <li>○ None</li> <li>○ Substantial</li> <li>● Minor</li> <li>○ Destroyed</li> <li>○ Unknown</li> </ul> | <b>Aircraft Fire</b><br><br><ul style="list-style-type: none"> <li>● None</li> <li>○ Both Ground and In-Flight</li> <li>○ In-Flight   ○ Fire at Unknown Time</li> <li>○ On-Ground   ○ Unknown</li> </ul> | <b>Aircraft Explosion</b><br><br><ul style="list-style-type: none"> <li>● None</li> <li>○ Both Ground and In-Flight</li> <li>○ In-Flight</li> <li>○ Fire at Unknown Time</li> <li>○ On-Ground</li> <li>○ Unknown</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

Two flight controls were affected: the left flap and the left rudder. There were also minor dents and some additional cosmetic 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.

During departure from an uncontrolled field, my Cirrus SR22T, N627WT, struck a deer, causing significant damage to the aircraft. I declared an emergency with AZO Approach and coordinated with AZO and GRR controllers, who worked together to help me safely land. Over the next hour and a half, controllers reached out to certified flight instructors, commercial pilots, off-duty controllers, and even airliners with Cirrus experience to assist me. They contacted my friend, Aaron Gowatch, a fellow pilot, and Connor Overstake, a Cirrus sales rep and close friend. Connor, a former USAF pilot, crafted a no-flaps landing plan that resolved my control limitations. We collaborated in real-time using modern tools like satellite phones and LiveATC, two planes in different states working a problem that would've been impossible not too long ago. The controllers seamlessly patched in everyone involved, with the CFI in direct contact with Aaron, who received the plan from Connor sent it back to me via the CFI over the radios with ATC in the know. Everyone involved was in sync. ATC also contacted my father, who was driving to the wrong airport, despite poor cell service and communication limitations due to the deer strike. They kept him informed throughout. As I prepared for a third landing attempt, I executed a high-speed, no-flaps approach to maintain control. If that failed, I'd burn fuel and deploy the chute. Rescue teams were ready. I requested distance-remaining calls on final, and ATC responded promptly, accommodating every ask. Despite the situation, everyone stayed calm and focused. I'm grateful to ATC, the CFI, first responders, Aaron, Connor, and everyone who helped behind the scenes.

**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? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

Hours \_\_\_\_\_

Cycles \_\_\_\_\_

|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  | <b>Time Since This Part Inspected/Overhauled</b><br><br>Hours _____                                                                                                                   |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>Fuel on Board at Last Takeoff</b><br><i>(Convert from pounds, as necessary)</i><br><br>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 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> |                                                                                                                                                                                       |
| <b>Other Services, if any, prior to departure:</b>                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location:                                                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for <i>other</i> aircraft.)                                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
| <b>Aircraft Registration Number</b><br><br>_____                                                                                                                | <b>Manufacturer:</b><br><br><b>Model:</b> _____                                                                                                                                                                                                                                                                                                                                  | <b>Damage to Other Aircraft:</b><br><br><input type="checkbox"/> Destroyed<br><input type="checkbox"/> Substantial<br><input type="checkbox"/> Minor<br><input type="checkbox"/> None |
| <b>Registered Owner of Other Aircraft</b><br><br><b>Name:</b> _____<br><b>City:</b> _____<br><b>State:</b> _____ <b>ZIP:</b> _____<br><br><b>Country:</b> _____ | <b>Pilot of Other Aircraft</b><br><br><b>Name:</b> _____<br><b>City:</b> _____<br><b>State:</b> _____ <b>ZIP:</b> _____<br><br><b>Country:</b> _____                                                                                                                                                                                                                             |                                                                                                                                                                                       |
| <b>ADDITIONAL INFORMATION</b> (Additional space for answers to any question.)                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |

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

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

Tue Aug 05 2025

mm/dd/yyyy

Name of Pilot/Operator:

David Dimmer

Signature:

-or- ☒ Check hereto 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. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| CEN25LA294                 | Central                      | Aguilera             | 5 Aug 2025           |